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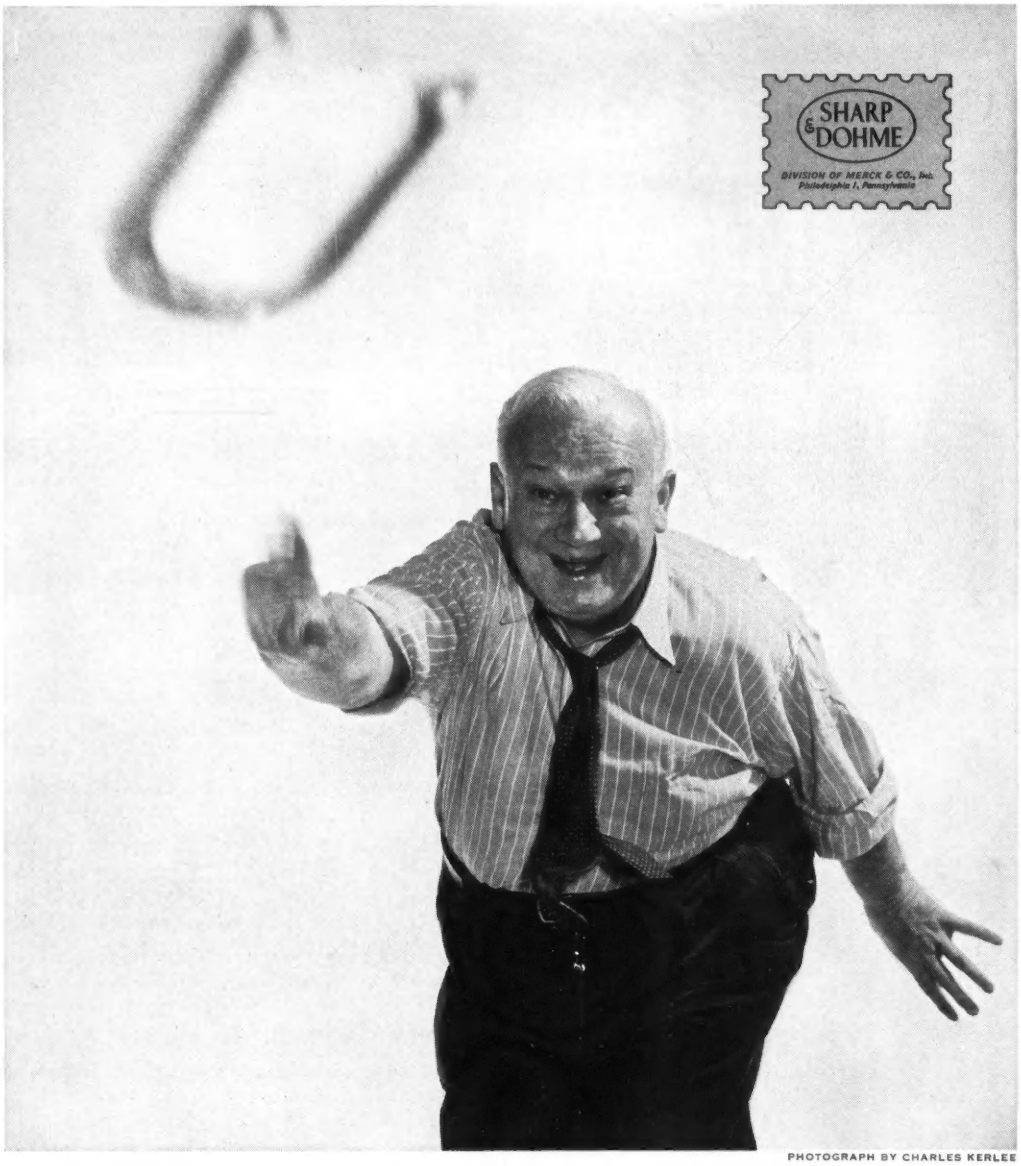

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California MEDICINE

OFFICIAL JOURNAL OF THE CALIFORNIA MEDICAL ASSOCIATION

Volume 80 MARCH 1954 Number 3

Peripheral Nerve Injuries

Early Surgical Treatment

EUGENE M. WEBB, M.D., San Francisco

• *Injuries to the major nerves of the extremities are common.*

Surgical treatment should be undertaken soon after injury that completely or partly severs a peripheral nerve, because permanent changes appear in muscles that are deprived of nerve supply for more than a few months. The muscular changes may prevent restoration of normal function even though actual nerve regeneration is adequate.

Injuries which do not completely sever a nerve may be hard to diagnose but special methods such as electromyography are helpful.

PERIPHERAL NERVE INJURIES are common occurrences in peace and in war. They are frequent concomitants of trauma to the extremities. Even apparently minor trauma that does little damage to other structures may produce significant changes in peripheral nerves, resulting in lesions in continuity.

Recognition of complete severance of a peripheral nerve is a simple matter requiring only suspicion on the part of the examiner and a rapid review of motor function. Sensory examination is also helpful but may be misleading because many patients report "numbness" where there is no actual neurological impairment. If a patient can make a normal fist, extend the fingers, thumb and wrist and abduct and adduct the fingers, it is reasonably certain that there has been no complete acute lesion of any of the major nerves of the forearm and hand. If it can be demonstrated further that there is normal sensation in the tips of the index and little fingers, it is almost a certainty that there has been no injury of any kind to the median and ulnar nerves. Similar simple but reliable tests apply to the lower extremities.

In cases of incomplete lesion or in those in which some question of an incomplete lesion is presented, evaluation becomes more troublesome and at times repeated examinations or special methods, such as electromyography, are required. Improvement in the care of these patients is possible despite the diagnostic and therapeutic problems they present.

The profession is aware generally of the benefits that accrue from suture of completely divided nerves. That these benefits appear with even greater regularity following the proper surgical treatment of incompletely divided nerves, and that in both groups the benefit is in inverse proportion to the lapse of time between injury and repair, are not so widely appreciated.[5]

Following injuries to peripheral nerves the affected muscles begin to undergo atrophy, acute

Presented before the Section on Industrial Medicine and Surgery, at the 82nd Annual Session of the California Medical Association, Los Angeles, May 24-28, 1953.

From the Department of Neurological Surgery, University of California Medical School, San Francisco.

degeneration and fibrosis.[8] Although the rate of progression of these processes depends upon other factors such as age, infection, associated vascular injuries and perhaps upon the presence or absence of an adequate physical therapeutic regimen,[2,4,6] other things being equal, the longer the muscles are deprived of their nerve supply, the greater will be the pathological changes and the poorer will be the functional recovery. The actual nerve regeneration, while impaired by delay, seems a less important factor. For this reason, nerve suture even several years after injury is worth while where sensory recovery alone is sought. (In one case peroneal neurorrhaphy done 12 years after complete division of the nerve brought about an estimated 80 per cent return of sensory function.)

That the deleterious processes of atrophy, degeneration and fibrosis are directly related to the length of time the muscle is deprived of nerve supply cannot be denied, yet this must not be construed as a recommendation for suture immediately following injury. Other considerations, largely technical, obtain and it is widely held that the optimum time for neurorrhaphy is three to five weeks after acute injury. As the nerve degenerates the sheath toughens and assumes characteristics that permit greater accuracy of approximation. Moreover, a more accurate estimate of the extent of intrinsic damage to the nerve can be made at that time.

Unfortunately the presence of a portion of the nerve supply does not protect the muscles from atrophy and fibrosis and these changes advance while spontaneous restoration of nerve supply is awaited. In addition, further damage to the nerve itself may occur as a result of progressive extraneural and intraneural fibrosis and scar formation at the site of injury.[3]

Incomplete lesions must be always, at least in part, lesions in continuity. Commonly the nerve is injured by direct blows, by adjacent fractures or, in war especially, by the passage of high-speed missiles near its substance. Such lesions also arise from pressure of tight casts, splints and tourniquets. Injections into or near a nerve may result in lesions of this kind.

Characteristic of lesions of this order are intraneural and extraneural hemorrhage and edema, giving rise to local impairment of blood supply and to local failure of conduction of nerve impulses. With the passage of time the area is invaded by fibroblasts which, as they mature and shrink, further constrict the nerve fascicles and perpetuate or aggravate the blockage of conduction. This fibroblastic response may be reflected clinically by a progressive neurological deficit. This progressive neurological loss is sometimes not apparent to either the patient or his physician because of the concurrent, unconscious development by the patient of compensating motions and tricks.

Much can be done surgically to lessen the effect of lesions in continuity. It must be done before atrophy, degeneration and fibrosis of the muscles have so far progressed as to be irreversible. The practice of waiting for spontaneous recovery or improvement often precludes eventual successful surgical treatment. Spontaneous recovery occurs so rarely that waiting cannot be justified. Surgical treatment is usually necessary in patients who do not show unequivocal evidence of motor and sensory recovery in four to six weeks.

If there is complete division of peripheral nerves, neurorrhaphy or nerve suture should be undertaken four to six weeks after the injury.

In this procedure, the severed ends having been identified, the scar and neuroma of the proximal end are resected. This is done with a series of transverse incisions until normal-appearing fasciculi and bleeding points are encountered. The distal end is similarly prepared, the pseudoneuroma being removed. The nerve sheaths of the two ends are held in approximation with fine forceps and anastomosed with interrupted sutures. Fine arterial silk is excellent although tantalum on an atraumatic needle is in vogue. An advantage of tantalum is that when it is used the status of the suture line in the postoperative period can be determined by x-ray. Neither seems to have any great advantage in terms of recovery, although tantalum tends to produce a late reaction.[7] It is important to refrain from approximating the freshened ends too tightly, as this encourages neuroma formation; a gap of one to two millimeters between the ends is ideal.[1] After careful hemostasis, the deep fascia may be closed, but never tightly.

In the equally important group of lesions in continuity the procedure of choice is neurolysis. There is considerable confusion even among neurosurgeons concerning the precise connotation of the term *neurolysis*. Commonly it refers to the intraneural injection of saline solutions in an attempt to free adhesions.

In the procedure as now sometimes employed, and herein advocated, the nerve is first freed from the thickened and scarred bed. Physiological saline solution is then injected gently into the nerve sheath without the application of real pressure since its purpose is merely to aid in the identification of minute transverse bands which encompass and compress the nerve fascicles.

These bands are then divided with a small sharp scalpel. This phase is done carefully, slowly and with the aid of a magnifying loupe. As the bands are cut

the fascicles are seen to expand and to bulge into the field. All the involved fascicles are freed in this manner, further injections of saline solution being employed intermittently as needed to reveal the remaining intrinsic scar. Intraneural bleeding is controlled with cotton pledgets and irrigation only. A tourniquet is not used and, as in neurorrhaphy, the deep fascia is not closed tightly.

The theoretical criticism that scar will again form following such a procedure is refuted in practice by the end results, which generally are gratifying.

384 Post Street.

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Campaign Hits Unnecessary Government Spending

IN THE PROMOTION of our inter-association relations program, the American Medical Association is participating in a new organization known as the Farm-City Conference Board.

This board is made up of farm organizations, industrial companies, and general associations, such as the National Grange, Foundation for American Agriculture, General Electric, International Harvester, Avco Corporation, the Quaker Oats Company, the General Federation of Women's Clubs, Kiwanis International and others.

The first major project of the Farm-City Conference Board is a "Crusade Against Unnecessary Government Spending."

The 15,000 General Federation of Women's Clubs throughout the United States have assumed the responsibility for stimulating group action at the community level, and we are asking county medical societies to cooperate with them. This non-partisan crusade certainly warrants the support of the medical profession.

The crusade is scheduled for March 1 to March 15, when Americans are extremely conscious of their heavy tax burdens. Taxes always will be necessary, of course; however, this crusade is aimed at a reduction through the elimination of wasteful and unnecessary government spending.

Enlistment and promotional plans should be initiated as soon as possible. Mr. Herbert Hoover launched this crusade nationally in January.

Enlist the support of other community leaders, such as chamber of commerce heads, newspaper editors, radio and television station managers, heads of ministerial associations, and school superintendents.

Farm-City Conference Board headquarters are located in room 7-109, Merchandise Mart Plaza, Chicago 54, Illinois.

—A.M.A. Secretary's Letter

Systemic Lupus Erythematosus

Early Cytologic Diagnosis

EDMUND L. DUBOIS, M.D., Los Angeles

• The diagnosis of systemic lupus erythematosus—a relatively common disease—is difficult because of the variable nature of the symptoms, which resemble those of many other conditions. The finding of the characteristic cells is pathognomonic, although failure to find them does not rule out the diagnosis.

If the diagnosis is suspected the "L.E." cell test should be performed on two samples of blood from the veins and one from the bone marrow. After separation of a heparinized sample by centrifuge, a drop from the buffy coat is Wright-stained on a slide and examined for rouleaux formation and for a hematoxylin-staining material sometimes seen in intercellular bodies (which may be surrounded by a rosette of leukocytes) and sometimes seen as ingested by a leukocyte. Only the last finding is positively diagnostic of lupus erythematosus.

A statistical analysis of 62 cases treated at the Los Angeles County General Hospital is given. Because of the frequency of rheumatoid-like arthritic changes in the disease, all patients with this form of arthritis should be given the test. Spontaneous remission and then relapse after a long asymptomatic interval occurred in many cases. With early diagnosis and vigorous treatment with cortisone and corticotropin, many patients can be relieved of symptoms.

SYSTEMIC LUPUS ERYTHEMATOSUS is a relatively common disease. At the Los Angeles County General Hospital, 44 new cases were diagnosed in 1950 and 1951, as against 88 cases of acute rheumatic fever. In the same period there were only 18 cases of Hodgkin's disease, 39 cases of all types of acute and subacute leukemia and 36 cases of pernicious anemia in relapse—diseases which are not considered rare. In 1948 and 1949, before interest in lupus erythematosus led to the use of the Hargraves cell test at the hospital, only 11 new cases were discovered. The author believes that the general incidence is not increasing but rather that the concept of the disease has become broader and that by the Hargraves test, which seems to be pathognomonic, it is usually possible to confirm a tentative diagnosis.

The disease has no classic pattern; there may be many exacerbations and remissions affecting one organ, such as the skin, after which healing may take place and at the same time or even years later another organ, such as the kidney, may be affected.[4] Before the introduction of the Hargraves test the diagnosis in many cases could not be confirmed although the involvement of several systems suggested a "collagen disease."[8]

For an understanding of the cause of the varied symptoms of the disease it is important to recognize that generalized angiitis occurs in the majority of cases. In recent years there has been overemphasis on the abnormal changes in the connective tissue associated with lupus erythematosus—the so-called fibrinoid degeneration, particularly the "onion-skin" changes in the spleen and the "wire loop" thickening of the glomerular capillaries of the kidney. The vascular changes are quite as important. Figure 1 illustrates arteritis in the spinal cord due to lupus which caused paraplegia in a 22-year-old woman. Periphlebitis is also common. Because of angiitis the clinical findings often resemble those of periarteritis nodosa.

In 1948 Hargraves[8] described the characteristic cell of lupus erythematosus (generally called "L.E"

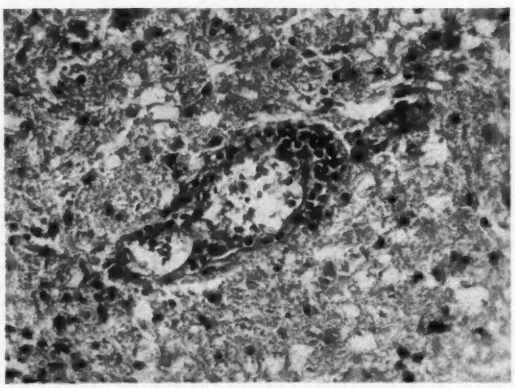

Figure 1.—Acute arteritis with edema of the surrounding tissue in the spinal cord of a 22-year-old woman with paraplegia due to lupus erythematosus (× 750).

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From the University of Southern California School of Medicine, Department of Medicine, and the Los Angeles County General Hospital.

This work was supported by Merck and Company and Mr. Joseph Gluckstein.

cells). The technique for detection of such cells which is here outlined,[5] and which is used by the author, is more accurate than the more complex methods heretofore described. In every case in which the disease is suspected two tests should be made of peripheral blood and one on aspirate from bone marrow, for sometimes the characteristic cells may be found on only one of these tests.

Simplified Technique for Detection of "L.E." Cells

1. Place a 10-cc. specimen of venous blood or several cubic centimeters of bone marrow aspirate in a 15-cc. test tube containing two drops of aqueous solution of heparin (50 mg. per cc.) and leave at room temperature for 30 to 60 minutes.

2. Centrifuge at approximately 2,000 r.p.m. for five minutes or until clear separation into three layers.

3. Remove the supernatant plasma with a Wintrobe pipette and discard it.

4. Pipette 1 cc. of the buffy coat into a Wintrobe tube and centrifuge it at 2,000 r.p.m. or until clear separation into three layers.

5. Again remove the supernatant plasma with a Wintrobe pipette and discard it.

6. Carefully aspirate the buffy coat into a Wintrobe pipette and smear it on three glass slides. Pull the smearing slide back and forth over one-half of the blood film to make a thin smear in which the cells can be more clearly seen if there are many leukocytes.

7. Stain the smear with Wright's stain in the usual manner.

8. Examine the slide, especially at the edges, for at least ten minutes under the oil immersion lens. In this length of time several thousand leukocytes will be studied. If any abnormalities are found, review the slide and prepare another for further study.

Interpretation of Findings in "L.E." Test

Four changes are looked for in the slide: increased rouleaux formation, "hematoxylin" bodies, rosettes, and "L.E." cells. In addition, erythrophagocytosis may be noted as a result of severe hemolytic anemia if that condition is present.[10]

Increased rouleaux formation is common in systemic lupus erythematosus and in other diseases when the proportion of globulin is increased and the cold agglutinin titer is high. The finding is therefore nonspecific.

"Hematoxylin" bodies are clumps of dark purple-staining material which may have the diameter of one to a dozen leukocytes, the largest being approximately the size of megakaryocytes observed in preparations of bone marrow aspirate (Figure 2). They may be perfectly round, ovoid, or irregular in outline. The material is most often homogeneous in consistency like that of the "L.E." inclusion but stains much more darkly, although lighter purplish parallel threads may be present. Berman called these bodies "free cloudy masses." They are probably the same as the hematoxylin bodies observed in tissue sections by Ginzler and Fox in 1940.[7] The material has been shown to be depolymerized desoxyribosenucleic acid; cells which ingest it become "L.E." cells.[9] The presence of "hematoxylin" bodies is not pathognomonic, since they occur also in scleroderma and in hyperglobulinemia, but it is suggestive; on this finding, tests on both peripheral blood and bone marrow aspirate must be repeated.

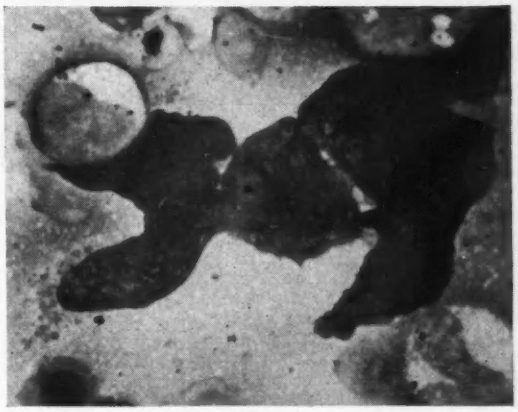

Figure 2.—Amorphous "hematoxylin" body in bone marrow "L.E." preparation (× 1700).

Rosettes are clusters of polymorphonuclear leukocytes surrounding a "hematoxylin" body (Figure 3). The finding of a typical rosette is highly suggestive and an indication for further tests but is not diagnostic. The pseudorosette, surrounding a clump of

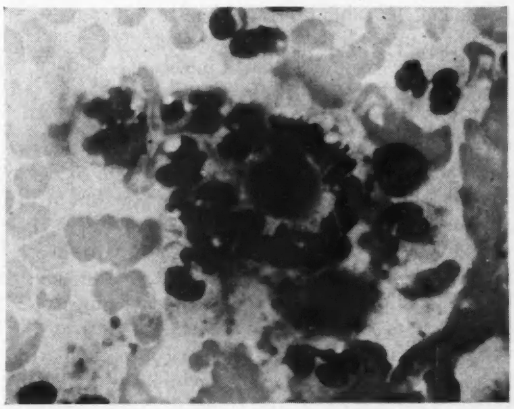

Figure 3.—Typical rosette of leukocytes about mass of "hematoxylin" staining material. Peripheral blood "L.E." preparation (× 825).

TABLE 1.—*First system involved as determined by history in 62 cases of lupus erythematosus.*

First System	No. of Cases	Per Cent
Arthritis	21	34.0
Butterfly area eruption	10	16.1
Eruptions on other parts of the body	7	11.3
Raynaud's phenomenon	5	8.1
Hemolytic anemia	4	6.5
Pleurisy	3	4.8
Positive reaction to serological test for syphilis	2	3.2
Discoid lupus	2	3.2
Pericarditis	2	3.2
Pleural effusion	2	3.2
Fever	1	1.6
Weight loss	1	1.6
Renal involvement	1	1.6
Pulmonary	1	1.6
Gastrointestinal tract	1	1.6
Epilepsy	1	1.6

TABLE 2.—*Chief complaint on admission of patients in whom systemic lupus erythematosus was diagnosed.*

Complaint	No. of Cases	Per Cent
Arthritis	18	29.0
Eruption on the butterfly area	10	16.1
Eruptions on other parts of the body	7	11.3
Shortness of breath	6	9.7
Fever	5	8.1
Abdominal pain	4	6.5
Pleurisy	3	4.8
Lethargy	2	3.2
Positive serological test for syphilis	1	1.6
Discoid lupus	1	1.6
Raynaud's phenomenon	1	1.6
Pericarditis	1	1.6
Tarry stools	1	1.6
Vomiting	1	1.6
Sore throat	1	1.6
Anorexia	1	1.6
Swelling of ankles	1	1.6
Weight loss	1	1.6

platelets rather than a "hematoxylin" body, is not as significant.

The only truly positive finding is the typical "L.E." cell (Figure 4). The cell is usually a neutrophilic polymorphonuclear leukocyte; it contains a purple-staining, smoky homogeneous mass of material which is so large that it pushes the nucleus to one side of the cell. As was previously noted, the absorbed material is chemically the same as that in the "hematoxylin" body, but when absorbed it may stain more lightly, varying from pale blue to dense purple. The inclusion may be only a fraction of the size of a single lobe of polymorphonuclear leukocyte or may be as large as two leukocytes, and occasionally there may be more than one inclusion in a cell. The ingested material is always homogeneous in appearance and can be differentiated from the "tart" cell, with which it is often confused, by the absence of any chromatin structure in the inclusion. The finding of two typical "L.E." cells is considered positive and the test is usually repeated for verification.

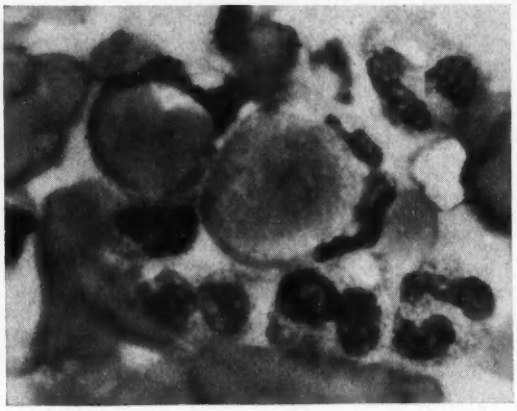

Figure 4.—Two typical "L.E." cells. Peripheral blood "L.E." preparation (× 1700).

Analysis of Clinical Features

During the past three years 80 patients with lupus erythematosus have been treated at the Los Angeles County General Hospital. This analysis covers the first 62 cases.[3] Of the 62 patients, 55 (88.7 per cent) were females. The ages ranged from 2 to 67 years, the median age being 26.6 years and the mean 27.5 years. The racial distribution was similar to that for all patients in the hospital—29 whites (46.7 per cent), 18 Mexicans (29.0 per cent), 12 Negroes (19.3 per cent) and 3 Japanese (4.8 per cent).

Thirty-seven patients were interviewed in detail for the history of their symptoms. A history of loss of hair and of Raynaud's phenomenon was elicited far more often among those who were specifically questioned than among those who were not; in Table 3, which shows the incidence of abnormalities, the disparity is indicated. Spontaneous remissions are very common in lupus erythematosus; a remission of 23 years has been reported.[1] Of the 37 patients interviewed, 16 (43.3 per cent) reported having had remission before admission to the hospital, while of the other 25 only 8 (32.0 per cent) reported remission. A total of 12 patients (19.3 per cent) reported having many spontaneous remissions.

Table 1 indicates the frequency with which the disease was first manifested in certain systems and Table 2 indicates the frequency of certain symptoms as the chief complaint on admittance. It will be noted that arthritis was the first symptom of the disease in 34 per cent of the cases and the chief complaint on admittance in 29 cases. As arthritis due to lupus erythematosus is indistinguishable from typical rheumatoid arthritis, except by the cell test, the test should be done in all cases of arthritis. The proportion of cases in which eruption of the butterfly area was the first symptom is equal to the proportion in which it was the chief complaint on admission; the

same is true of eruption on other parts of the body. The wide variety of other symptoms listed in Tables 1 and 2 indicates the protean nature of the disease.

Several points brought out in Table 3 are worthy of additional comment: Ninety per cent of the patients had arthritis at some time and 30.6 per cent had some definite rheumatoid deformity—a proportion at variance with previous observations. In 84 per cent of the cases there were cutaneous lesions of some sort, and in 69.4 these were on the face; hyperpigmentation at the site of these lesions was observed in 16.1 per cent of cases. Alopecia, usually partial, had occurred at one time or another in 70 per cent of the patients specifically questioned about it. Urinary abnormalities occurred in only 56.2 per cent of cases.

As to laboratory findings (Table 3), it is remarkable that leukopenia, as indicated by the presence of fewer than 4,500 leukocytes per cu. mm., was observed in only 68 per cent of the cases although dozens of counts were made in some cases. The fact that "L.E." cells were found in only 68 per cent of the patients tested emphasizes the fact that failure to find these cells does not rule out the possibility of lupus erythematosus. "L.E." cells were observed in 86.6 per cent of patients with hyperglobulinemia due to lupus erythematosus and in 87.5 per cent of those in whom the disease caused a falsely positive reaction to serologic tests for syphilis.

TABLE 3.—*Incidence of abnormal changes in 62 cases of lupus erythematosus.*

	No. Patients	Per Cent
Signs of Catabolism		
Fever	60	97.0
Weight loss	51	82.0
Connective Tissue Lesions		
Arthritis	56	90.0
Definite rheumatoid deformity	19	30.6
Pericarditis	27	43.5
Myocarditis	11	17.7
Heart murmurs (systolic)	26	42.0
Pleurisy	37	59.5
Pleural effusion	34	55.0
Ascites	15	24.2
Vascular Lesions		
Skin		
Skin lesions of all types (total)	52	84.0
Butterfly area lesions (both classic and atypical)	43	69.4
Photosensitivity of rash	25	40.3
Hyperpigmentation	10	16.1
Mucous membrane lesions	7	11.2
Loss of hair—over-all group	32	51.5
Interviewed group (37)	26	70.0
Non-interviewed group (25)	6	24.0
Central Nervous System		
Convulsions due to lupus	19	30.6
Convulsions due to therapy	3	4.8
Psychosis	15	29.0
Chronic nervous system damage	11	17.7
Fundic lesions	20	32.3
Kidney		
Urinary abnormalities	35	56.2
Gastrointestinal tract		
Nausea	22	35.5
Vomiting	25	40.3
Diarrhea	12	21.0
Abdominal pain	23	37.2
Adenopathy	26	42.0
Splenomegaly	5	8.1
Hepatomegaly	21	34.0
Raynaud's phenomenon—over-all group	16	25.8
Interviewed group (37)	13	35.0
Non-interviewed group (25)	3	12.0
Hematologic Changes		
Leukopenia (one count below 4500)	42	68.0
Anemia (below 11 grams)	48	77.5
Thrombocytopenia (marked)	6	9.7
Positive reaction to serological test for syphilis	19	32.6
"L.E." cells (test made in 60 cases)	41	68.0
Hyperglobulinemia (over 3.8 grams per 100 cc.)		
"L.E." cells with hyperglobulinemia (of 15)	13	86.6
"L.E." cells with false-positive serological reaction for syphilis (16 cases)	14	87.5
Other Changes		
Electrocardiographic changes (marked)	23	37.0
Jaundice	7	11.3
Skin biopsy positive (performed in 23 cases)	12	52.3
Pleocytosis	4	6.4

Treatment

With early diagnosis and adequate therapy, the lives of many patients may be pleasurably prolonged by the use of corticotropin (ACTH) and cortisone.[6] One patient, a 19-year-old Mexican girl, who was comatose and having frequent convulsions from systemic lupus erythematosus and who had severe rash on the face and ulcerative necrotic lesions of the hand, was vigorously treated. Within a few weeks she recovered dramatically and the rash and ulcerative lesions cleared. Eighteen months later she was ambulatory and working while receiving maintenance doses of cortisone.

The following case report illustrates the protracted course which the illness may follow:

An 11-year-old white girl had had intermittent aching of joints since the age of three years. Periods of low fever had been noted since shortly after birth. At the age of three years there was intermittent arthralgia in the knees, and at five years there were pains in the hands and the major joints, with many remissions of several months. The patient was studied by a number of physicians but no definite diagnosis was made. When she was eight and a half years old albuminuria was observed and reaction to a Kahn test was falsely positive. (Positive reaction is still obtained on Kahn test.) When she was ten and a half years old pink spots appeared on the cheeks and in the course of the next two months, after much exposure to the sun, a typical butterfly eruption developed. Fever began, rising to 104° F., and the pains in the joints were exacerbated but there was no rheumatoid deformity. The patient was hos-

pitalized and "L.E." cells were observed in the blood. Hemolytic anemia, leukopenia and nephropathy were found. The disease responded dramatically to hormonal therapy.

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TV Guide Takes Medicine's Viewpoint

A RECENT *TV Guide* magazine editorial tore into the CBS-TV Strike It Rich programs and upheld the viewpoint long held by the medical profession.

The editorial started out by saying:

"It must be a cinch to write for the *Daily Worker, Pravda* and other communist sheets as long as TV press agents dish out publicity releases like this one:

" 'Even though she failed to win the top cash prize on the CBS-TV Strike It Rich program, Mrs. ——, of Philadelphia, "struck it rich". . . when she appeared as a recent contestant. In desperate need of medical aid, Mrs. —— won $115 toward it, but through the show's heart line telephone, she received an additional $100, plus free medical treatment for as long as she may need it.' "

Then the magazine's editorial said:

"Can't you just hear the red propagandists citing that as proof that the poor in America must bare their misery on television shows in the hope of winning medical treatment?

"The fact is that the poor in America receive medical care as good as, if not better than, anyone else. Leading doctors give unstintingly of their time, and hospitals and clinics of their facilities, so that those who require treatment and can't afford it can be helped—without charge. No one, especially in a great medical center such as Philadelphia, has to be 'in desperate need of medical aid.' No one has to appear on television to ask for such aid.

"In all fairness to Strike It Rich, the program did not originate the idea of using human misery as a form of entertainment. Nero, for one, had a great time with it. If, today, a television show can thrive on misery, and if that's what viewers want to see, the sponsors of the show have good reason to keep it on the air.

"But we can, and do, object strenuously to stupid publicity material that presents a false picture of our way of life in order to grab off a few lines of newspaper or magazine space."

—A.M.A. Secretary's Letter

Modern Management of Tuberculosis

The Public Health Implications of Recent Advances

C. GERALD SCARBOROUGH, M.D., San Jose

• *Modern treatment for tuberculosis has greatly increased the problem of preventing spread of infection. BCG vaccination, for instance, would cause all persons to react to tuberculin test so that the possibility of tuberculosis could never be ruled out by this means. Streptomycin and more recently developed drugs may sterilize sputum so that diagnosis cannot be confirmed for some time after use of such drugs; when by use of these drugs the disease has been confined to caseous encapsulations, later breakdown of the encapsulations may release strains of bacilli resistant to the drugs both in the patient and in others infected with them. The temporary sterilization of sputum, coupled with the euphoria resulting in part from abrupt remission of the toxic state, may lead to premature discharge of patients from sanatoria and further spread of tuberculosis. Both the public and the profession must be impressed with these facts.*

Far more profitable than minifilm surveys of normal populations are routine x-ray examination of all patients admitted to hospitals (by which two to five times as many cases have been found) and follow-up of persons who have had contact with tuberculosis patients (thirteen times as many cases found).

A study being conducted by the California Tuberculosis and Health Association indicates that in many counties neither the number of x-rays made in public surveys nor the number of cases found is known or even to be estimated from existing records.

Because of reduction in deaths due to tuberculosis some public officials are reluctant to spend for further treatment facilities. As the actual number of cases is increasing in many areas, however, expenditures will have to be increased.

GREAT FORWARD STRIDES have been taken in the treatment of tuberculosis in the past few years, and the death rate from the disease has continued to decline. The advances themselves, however, have created several public health problems:

BCG:

Prevention is always better than cure. No preventive has been really practicable until recently when vaccination against tuberculosis began to be used more generally. It would be unprofitable in this presentation to engage in the controversy about BCG, but two of the public health problems involved may be briefly considered:

1. The immunity conveyed by BCG vaccination is neither complete nor permanent. Overwhelming exposure may cause progressive disease despite successful BCG vaccination, as also may exposure occurring after the temporary immunity has waned. A general program of BCG vaccination by health authorities would be a problem of staggering proportions; the necessary periodic retesting with tuberculin and revaccinating would be time-consuming and costly.

2. Universal vaccination with BCG would make all persons reactive to tuberculin and deprive health officials and physicians of a most valuable sensitivity exclusion test in diagnosing obscure cases of illness and checking persons who have been in contact with tuberculosis. Epidemiologically speaking, therefore, universal BCG vaccination has its drawbacks, while immunologically speaking there is also something to be desired. With further research an improved preventive may be developed which may then become a prime public health weapon of the future.

Chemotherapy:

Modern tuberculosis chemotherapy has brought many problems in its wake. With many of the drugs bacterial resistance develops in the tubercle bacillus if the drug is given alone for too long. Use of powerful antibiotics without adequate indications complicates the problem of accurate diagnosis. For example, even small amounts of streptomycin given as part of a "shotgun antibiotic prescription" for "unresolved pneumonia" or "virus pneumonia" may temporarily sterilize the sputum with the result that

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tubercle bacilli cannot be demonstrated even by culture or animal inoculation. The decision must then be to treat the case on a presumptive basis or else to observe the patient until the disease progresses far enough for bacilli again to be detected. Indiscriminate use of antituberculosis drugs without adequate prior diagnosis, therefore, is a major public health problem when tuberculosis is thus "masked."

Furthermore, in persons treated indiscriminately with streptomycin before tuberculosis is diagnosed the organism may lose early the streptomycin sensitivity which may be sorely needed before cure is complete. Meantime—and this is the important fact from the public health point of view—the patients are allowed to circulate among family, friends and business associates for further days, weeks or months with no precautions being taken to prevent spread of infection.

It should be pointed out here also, however, that partially or completely resistant bacterial strains occur under the most ideal circumstances with the most carefully devised chemotherapeutic regimens. This means that even in properly treated cases in a sanatorium bacterial resistance may be an inevitable undesirable effect of active therapy. After such adequate therapy, although no disease organisms may be detected by any test, there may still be resistant bacilli in encapsulated caseous masses in the lungs. Should these encapsulations break down at a later date—and this is a continued hazard—the bacilli in the sputum will then be streptomycin-resistant, an added handicap to any person infected with them.

Fortunately, research is continuing all over the world, and it is likely that other drugs will be available in the future for such infections. In the meantime, however, persons harboring drug-resistant strains of bacilli should be kept under special observation to prevent dissemination of bacilli. On resection of the lung in patients who have had relapse after long-continued chemotherapy with streptomycin and para-aminosalicylic acid (PAS) bacteria in the excised lesions stain like tubercle bacilli but do not grow on culture or animal inoculation. Are these bacilli really dead? No one is sure. Clinicians and public health officials, however, cannot afford to consider them dead and give up careful follow-up of these patients.

This discussion has applied primarily to the combination of streptomycin and PAS. The more recently announced drugs, isoniazid (Rimifon,® Nydrazid®) and iproniazid (Marsilid®) have been conclusively shown to be highly tuberculostatic; resistance to them does develop, but disease toxicity is lessened by their action, and toxic side-reactions are few. Development of resistant strains can be postponed somewhat by combining these drugs with streptomycin or PAS or both.

The important public health effect of these drugs is that a patient's sputum can be partially sterilized by one of them while a cavity is still observable by x-ray. The feeling of euphoria which follows remission of toxicity was demonstrated in pictures in one of our popular magazines a year ago showing patients dancing in the halls of a large eastern sanatorium. This feeling of well-being makes it more difficult to prevent departure from sanatoria against medical advice and gives rise to a public health problem of the first water because patients who leave in such circumstances are not cured at all; the bacilli have only temporarily been suppressed.

The public health implications are clear. Better criteria than "negative sputum" must be insisted upon for the discharge into the community of a tuberculous patient. It may be necessary to modify accepted concepts of what can be regarded as "negative sputum," perhaps by qualifying all sputum reports with some such remarks as "under chemotherapy" or "three months after chemotherapy." Closer observation of the bacteriological status of a patient must be provided after chemotherapy to prevent relapse from occurring and endangering the patient and others.

How can health officers be sure that this close surveillance will be maintained by the physician? Tuberculosis case registers themselves are one means of checking up. If officials demand reports on the sputum of recently discharged patients more frequently and insist on knowing which have received chemotherapy, the data from the case register will furnish the necessary facts as to which patient needs closer follow-up.

Education:

Health education is a fertile field which must be exploited to its fullest extent by every health jurisdiction.

The facts that tuberculosis
is caused by a germ,
is contagious,
is not inherited,
is a deceptive disease, and
is curable

are all basic and can be understood even in the lower grades in school.

In the higher grades and in general public audiences, health educators can point out the absolute necessity for rest in bed for tuberculosis and for following the doctor's advice about sanatorium care, about collapse and about chemotherapy. It can be driven home over and over that the use of antituberculosis drugs does not permit ambulation, for

drugs are only adjunctive therapy. An intensified basic educational campaign along these lines will in the end prove most profitable.

But how to educate the physicians? This is definitely more difficult but not impossible. Health officers should seek to be heard by the medical education committees of the medical societies and specialty societies. For example, the medical education committee of the California Trudeau Society attempts to disseminate pertinent medical information among physicians by means of a panel of qualified chest specialists to talk at meetings of medical societies, the American Academy of General Practitioners, and local tuberculosis associations. The point of view of the health authorities would be welcome at the committee's meetings. Incidentally, health officers are eligible for membership in the California Trudeau Society. Why not join?

Case Finding:

Modern management of tuberculosis means the use of all techniques and knowledge available in the fight for the total eradication of the disease. Logically, then, prevention must be the first aim; but physicians must not forget to do everything possible to treat the unfortunate sick. Prevention is especially difficult in tuberculosis because of the large number of unknown cases by which the disease is continually spread. Modern management, therefore, must include attempts to seek out these unknown cases.

Present case-finding techniques include screening of all patients in doctors' offices, mass radiographic surveys of many groups, and, far more profitable, the following up of contacts with known active cases of the disease. It has recently been shown that the proportion of cases found to the number of persons examined is at least 13 to 14 times as great in this last method as in taking minifilms among the general population.

A more recent effort has been the routine chest x-raying of all patients admitted to general hospitals. Over 15,000,000 persons enter general hospitals each year in the United States; it is logical to suppose that some of them have unrecognized tuberculosis masquerading as some other disease and that since they are sick, tuberculosis if present is in a more advanced and communicable stage. Besides, many have tuberculosis in addition to some other illness. Routine x-raying on all hospital admissions actually has been two to five times more successful for finding active cases than x-raying the general, supposedly healthy population. Private general hospitals are not immune, and patients entering them should be x-rayed just as are those of publicly operated hospitals. The success of a program like this depends on thoroughness, because if large numbers of patients are not x-rayed many cases will be missed. The administrative details must be worked out minutely and conscientiously by each hospital. Health departments cannot afford to miss the opportunity to encourage, cooperate with and participate in this type of program.

This hospital x-raying program has been discussed as though all that is necessary is to take the films; as though the diagnosis is then automatically made. This, of course, is nonsense. A diagnosis of chest disease, as all physicians know, cannot be made from a minifilm alone, nor for that matter from a full-size chest film. All the suspect cases must be carefully sifted medically to determine the cause of the x-ray findings—tuberculosis, cancer, or whatever it may be. This process of follow-up is of prime interest to the health department.

Legal responsibility for seeing that suspect cases are followed to definite diagnosis rests on the health authorities, since under California law, corporations and associations are forbidden to practice medicine. Data on a suspected case found by minifilm survey properly should be given directly to the health department as well as to the designated physician.

It must be instantly obvious that there is no great advantage in having a long list of suspected cases and no proven ones. As a matter of cold fact, the only list which is of *any* real value as a result of any tuberculosis survey is a list of the active, communicable cases. Follow-up is equally if not more important than the taking of x-ray films. At least as much energy and money should be spent on this phase of endeavor, and here is where the whole system of case-finding, as now operated, so often fails.

Survey on Surveys:

In the past year the California Tuberculosis and Health Association through its case-finding committee has been conducting a survey in the state to see how the money being spent for case-finding by health departments, tuberculosis associations and medical societies is being used. Budget allocations for this purpose gathered from the state and all local tuberculosis associations alone, not taking into account health department budgets, amounted to a half million dollars—big business in any man's language. The intent of the survey was to learn whether money—no matter by what agency spent—was being used wisely if put primarily into case-finding by minifilm survey.

The trend of facts that have already come out of this statewide survey is startling but can be outlined here even though the survey is as yet incomplete. First of all, the Tuberculosis Association investigators ran into a disconcerting dearth of figures. One health official in a metropolitan area not only did not know the number of films taken the previous year but was unable to find the number in any records in

the department, nor had he any idea whether any actual cases of tuberculosis had been found by the expenditure of whatever funds were expended. This particular health department was not unique; many tuberculosis associations had no real data either. The lack of figures was so prevalent that in two-thirds of the counties studied records were insufficient to allow even a casual estimate of the situation. In only eight counties were the figures complete enough for a true picture to be obtained.

Furthermore, when costs of case-finding programs were studied in relation to the number of cases found, the lack of data or the incomparability of the figures made even cost *estimates* invalid.

Now a program is not worth while unless it is producing tangible results (i.e., actual cases found) at a reasonable cost. The State Tuberculosis Association survey so far has brought out that in only a third of the counties studied is there a record of either the number of cases found or the amount of money spent to find them. Are health departments, tuberculosis associations and medical societies getting their money's worth from present case finding? We haven't sufficient facts to tell.

A pilot study in volunteer counties to collect all the appropriate data over a period of time will be attempted in the near future, with, it is hoped, the complete cooperation of official and voluntary organizations in the selected counties. Perhaps, after the collection of these data, it will be concluded that x-ray surveys as at present operated are unsound and that some other method of case-finding will be more productive. The State Tuberculosis Association hopes to publish its conclusions.

Another basic problem, however, is how to get better medical follow-up of all suspects. Naturally the physician must do the actual work, whether he be private practitioner or clinic physician, but the responsibility for seeing that that work is done, and done adequately, lies in the official health agency. It will take close cooperation with the practicing medical profession. It will take medical education to point out what an adequate medical follow-up is. It will also take added public health nurses and clerical help, and it certainly will take more health funds.

Finance:

There is a tendency in some official quarters, including Congress, to decrease the amount of money to be appropriated for tuberculosis control and for building added tuberculosis hospital beds. The thesis among unenlightened officials seems to be that tuberculosis is licked now, so why spend any more funds on it? These officials argue that we now have at hand potent drugs which will eliminate the disease in the near future and thereby decrease the need for funds. In the present state of our knowledge, this simply isn't true. All the standard medical and surgical procedures *plus* the drugs are still necessary and will continue to be until better agents are available.

It is true, as all know, that the number of deaths has been greatly reduced, but this is not true of the number of cases. Morbidity has increased in many communities. This should mean more funds and more tuberculosis beds, not fewer.

Complete prevention of death due to tuberculosis is one goal, but another necessary goal is finding and curing the tuberculous sick who at present are the real problem. The dead do not spread infection; the sick do. As long as the incidence of disease is high, funds must not be reduced; rather they must be increased and the efforts to make headway redoubled.

235 East Santa Clara Street.

Repair of Tendons in the Hand

JAMES N. WILSON, M.D., Los Angeles

• *The physiologic processes by which tendons of the hand heal after injury differ from one part of the hand to another.*

Although definitive operation immediately after injury is advisable in many cases to avoid infection, factors other than infection may be more important and dictate delay.

While early exercise to mobilize the tendon soon after repair would seem logical, actually the process of healing is such that during the third week the tendon is spontaneously freed from adherence to surrounding tissue. Motion earlier than that causes irritation at the point of suture of the two ends of the tendon and increases scar. After completion of the healing process, motion serves to increase the strength of the new tendon fibrils.

SUCCESSFUL SURGICAL REPAIR of tendons depends in large part on understanding the physiological processes by which tendons heal and on correlating this knowledge with the specific problem of repair that the surgeon faces at the operating table.

In the hand, tendons are found in two different anatomical environments. In the fingers and thumb the flexor tendons glide within synovial sheaths. The blood supply to them is precarious and is carried through a mesotenon similar to the mesentery of the intestine. When a tendon is cut within the sheath, muscular pull draws the ends apart. Since there is little supply of blood to the tendon and contiguous sheath, very little inflammatory fibroplastic reaction occurs. At operation the ends of the tendon are found to be smooth and rounded off and not adherent to the surrounding tissue. Frequently extravascular unclotted blood is observed within the sheath.

In the remainder of the hand and in the forearm the situation is considerably different. There the tendons lie within loose, filmy areolar tissue called paratenon. The blood supply there is abundant and comes from many different directions. When a tendon is cut within paratenon, nature attempts to bridge the gap by proliferation at the cut ends. The tendon fibrils rapidly grow out like pseudopodia and fuse with the nearest surrounding tissue. When such a tendon is repaired, accurate end-to-end apposition of the cut surfaces must be achieved. Overlapping ends will result, as Bunnell[1] put it, in "unsatisfied" tendon fibers. The unsatisfied ends will adhere to the surrounding tissue and thus act as a check-rein to the gliding motion of the tendon.

Frequently raised is the apparently rational conjecture, "Inasmuch as a tendon is a gliding structure, shouldn't motion be started soon after injury to keep the tendon from becoming adherent?" This at first sounds reasonable. However, nature has provided a solution for this problem, as has been found in studying the process of tendon repair.

Immediately following repair of a tendon, the strength at the juncture is only as great as the knot that holds the two ends together. During the following several days the union becomes weaker due to the hyperemia and softening that occur. In the first week the ends of the tendon are joined by soft clot containing fibroblasts and capillaries and there is no bridging of the gap by new tendon fibers. In the second week the tendon fibers proliferate and become interlaced within the fibers of the opposite side, but the juncture is without material strength. During this period the tendon is stuck in a mass of soft tendon callus which incorporates not only the tendon but the surrounding structures which contribute to the healing process. During the third week a process of selective absorption of the surrounding scar occurs in such a way as to free the tendon from the tissue to which it was previously adherent.

It is at this period, between the fifteenth and twenty-first days, when nature is carrying out tenolysis, that active but protected motion should be started. It has been shown experimentally that if motion is started before this period, the suture line becomes boggy and edematous in response to the mechanical irritation. Following this period, active motion provides a stimulus to the increasing strength of the new tendon fibrils.

DETERMINING FACTORS IN PRIMARY REPAIR

Since infection is probably the complication that most often interferes with attaining good results in tendon repair, the time factor is extremely important. The so-called "golden period" of six to eight hours between the time of injury and repair has

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probably been appreciably extended by the new antibacterial drugs. The degree of contamination of the wound may cause the surgeon to shorten or extend the time period, the decision depending upon the probability for the development of infection in the particular case in question. Other factors come into play along with the time element, however. The amount of accompanying trauma to tissue exclusive of the damage to the tendon has been shown to have a direct bearing on the end results. Extensive trauma necessitates prolonged immobilization, causes increased edema and excessive formation of scar tissue. Frequently nerves are damaged. This results in trophic disturbances with consequent impairment of tissue nutrition and delay in healing. Definitive repair of a tendon should not be carried out if fractures of any great magnitude are associated with the damage to the tendon. The fracture requires immobilization for eight to ten weeks. A damaged tendon kept immobile for so long a time would become firmly adherent in cicatrix.

Operation should be done only in a hospital and preferably with the patient under general anesthesia. In any procedure on the hand, the operative field should be kept bloodless. This can be done by the use of a pneumatic tourniquet. A simple blood pressure cuff inflated to 300 millimeters of mercury is adequate for the purpose. The extremity may thus be rendered ischemic for one and one-half hours without ill effect. The lighting and stability of the operative field should be such that the surgeon can perform the frequently meticulous technique that is requisite to achieve good end results.

Primary repairs in certain areas in the hand have always been associated with poor results. Even with the great advances that have recently taken place in surgery of the hand, there seems to be as yet no solution to the problem of primary repair of flexor tendons between the central crease of the palm and the middle flexion crease of the fingers. In event of damage to tendons there, only closure of the wound should be carried out at first and all efforts made to secure wound healing at the earliest possible time. A tendon graft of the profundus tendon only from the tip of the finger to the palm can then be undertaken as a secondary reconstructive procedure.

TECHNIQUE OF REPAIR

A leading orthopedist recently said that the best way to secure fixation of fractures is "to wish the ends together and hold them by moral suasion until healing takes place." The same may be said of tendons. The ideal suture is one that could be inserted without trauma, would attain perfect apposition of the ends of the tendon, would cause no foreign body reaction, and could be left in place indefinitely. Bunnell's techniques with the use of stainless steel wire would seem to come closest to the ideal.

The kind of suture varies with the location of the injury. On the flexor surface, strength of repair is important and the interwoven stitch is commonly used. It is important not to bury wire in tactile areas, such as those in the fingers, for if there is not enough overlying soft tissue the wire knot causes pain and tenderness. In deeper areas like the palm and wrist, wire may be buried with impunity. On the extensor surface, tension suture is less important and coaptation of the ends of the tendon with removable figure-of-eight suture is usually sufficient. The tension at the suture line is overcome by positioning of the adjacent joints, which are immobilized by plaster until healing takes place.

For a more complete description of the technique and rationale of tendon suture, the reader is referred to Bunnell's excellent book.

1401 South Hope Street.

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Aortography

A Discussion of Technique and Complications

A. JUSTIN WILLIAMS, M.D., TOM M. FULLENLOVE, M.D., and JOHN R. BRYAN, M.D., San Francisco

Aortography is valuable in the demonstration of vascular blocks, in determining the exact location of the disease and as a guide to surgeons if operation is done. Since complications may develop, indications for the procedure should be carefully considered.

One death and 15 nonfatal complications occurred in 594 cases in which the authors made angiographic examinations.

A technique is described which takes a minimum of time.

RENALDO DOS SANTOS, a Portuguese urologist, reported in 1929 before the Surgical Society of Paris his technique of translumbar aortography and clinical experience of visualizing the abdominal aorta in 300 cases, without accident. Since then over 3,000 cases have been reported.[6] In this country, Nelson[13] and then Doss[4] were the first to use the method routinely for the demonstration of renal lesions. Wagner, Price, and Swenson[14, 15, 16] added vascular lesions to the renal group and used it whenever other methods failed to reveal a lesion.

The diagnostic value of the procedure is that it shows the exact location and extent of vascular obstruction. It gives a preview of what will be encountered at operation. The amount of collateral circulation and the type of aortic disease are shown (see Figures 1, 2 and 3).

After reporting the first 300 cases without accident, Dos Santos later reported 1,500 cases, with bleeding in one. Deterling[3] reported 100 aortograms without mortality in a recent review of experiences with this method at the Presbyterian Hospital in New York City. Wagner, Price and Swenson reported one death in a series of 50 cases. Nelson reported no fatalities in more than 100 cases. Table 1 lists the number and kinds of angiographic examinations done by the authors from 1947 to 1953. The complications are listed in Table 2. The one death in the 594 cases was caused by a coronary infarct due to fall in the blood pressure from the procedure. In one of the cases in which injection was made directly into the renal artery the kidney eventually atrophied. The procedure should not be done if the patient has severe liver or kidney damage or has allergic sensitivity to iodine. Fifty cubic centimeters of 70 per cent Diodrast® was injected in the majority of the cases in the present series and was the medium in use in all the cases in which complications occurred. Seventy per cent Urokon® has been used in the most recent cases, but the series is at present too small to permit evaluation of this material.

From the Department of Radiology, Franklin Hospital, San Francisco.

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Castellanos and Pereiras[2] introduced the retrograde method of visualizing the thoracic and abdominal aorta in 1937 and Farinas[7] also adopted this technique, abandoning the translumbar method of Dos Santos. However, in the authors' experience[8, 9] and in the experience of others[4, 5, 6] translumbar aortography for the abdominal aorta is safer and simpler than the retrograde carotid method. The latter is used to best advantage in the visualization of the thoracic aorta and its branches.

With the patient under light general anesthesia a direct translumbar aortic puncture is done with

TABLE 1.—*Angiography of all types done in Franklin Hospital, Department of Radiology, 1947-1953*

Aortography	113
Femoral Arteriography	243
Brachial Arteriography	42
Retrograde Carotid Arteriography	32
Cerebral Arteriography	88
Phlebography	54
Arterial Catheterization	22
Total number of cases	594

TABLE 2.—*Complications in 113 cases of translumbar aortography*

Complications	Fatal	Nonfatal
Cerebrovascular	0	1
Cardiovascular	1	1
Renovascular	0	3*
Enterovascular	0	0
Peripherovascular	0	0
Hemorrhage	0	0
Extravasation	0	10
Total	1	15

*Direct injection into renal artery in two cases, and lower nephron syndrome (possibly owing to sensitivity to iodine) in the other.

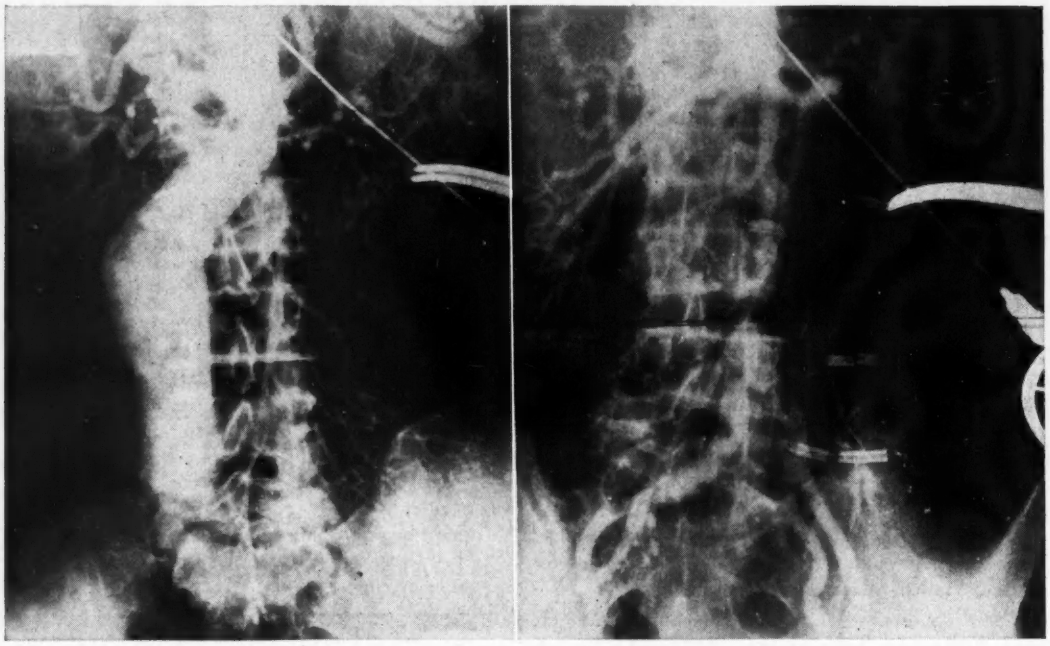

Figure 1.—The patient was a 54-year-old man with pulsating mass in abdomen to right of umbilicus of one year's duration. Pulses in the lower extremities were normal. The blood pressure was 150/110. Gastric resection for duodenal ulcer had been done two months before. An aortogram (left hand picture) on January 4, 1953, showed aneurysmal dilatation of the abdominal aorta. The renal and iliac arteries appeared normal. A resection of the aneurysm was done with end-to-end anastomosis of the splenic artery (following splenectomy) to the left common iliac artery, and anastomosis of the right common iliac artery to the left common iliac arteries. Postoperative aortogram (right-hand picture) on January 20, 1953, showed good function of the spleno-iliac artery anastomosis.

the needle angled cephalad to avoid the renal arteries. Some surgeons use one needle, others use two, but the desired effect is to get sufficient concentration of opaque material in the aorta so that it is visualized as it passes downward. The instant the injection is started, the switch on the arteriographic timer[12] is closed. The rapid cassette changer is then started and the time, after the beginning of the injection, is recorded on each film. The apparatus in use at present[9] is a gravity-fed magazine of cassettes forced through the apparatus and out into a bin lined with lead. A bar-plunger pushes the cassettes through and as it is pulled back into the loading position a microswitch makes the exposure. From six to eight films are taken in ten to fifteen seconds. It is important to know the peripheral vascular findings of the patient before the examination, since it is often necessary to vary the interval in the later films, particularly when there is a block or decreased flow. If there is no obstruction to the arterial flow, all films are made rapidly at 1- to 2-second intervals. In case of a block, the first two films are made at 1- to 2-second intervals and the following films are exposed at intervals of 2 to 5 seconds depending upon the severity of the block.

450 Sutter Street.

ADDENDUM

Since this paper was presented, additional experience has revealed that the injection of 25 to 30 cc. of Urokon is sufficient to give excellent aortograms. The reactions have been much less severe and less frequent.

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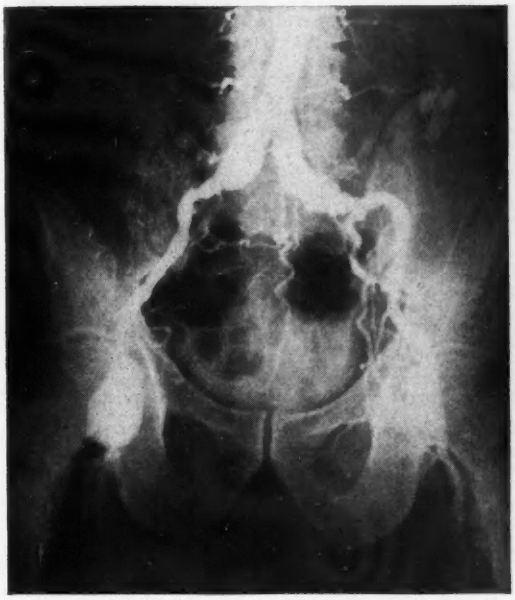

Figure 2.—Aortogram showing extensive aneurysmosis of the lower abdominal aorta, iliac and femoral arteries in a 60-year-old man with numbness of the right side of the body and cyanosis of both feet for five years. Operation was not done.

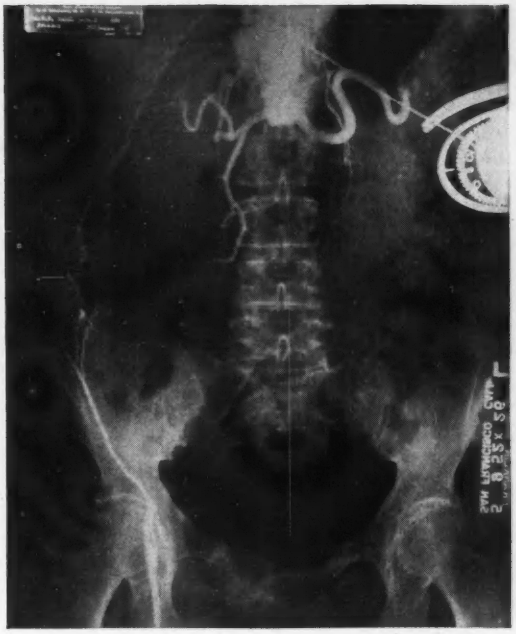

Figure 3.—Aortogram of a 56-year-old woman with a two-year history of acute and continuous low back pain. Impaired circulation in both lower extremities developed shortly after onset and the patient was unable to walk far. Note complete obstruction of the abdominal aorta immediately below the celiac axis. At operation a large occluded aneurysm was observed in the lower abdominal aorta. This was removed along with the spleen, and the splenic artery was anastomosed to the left common iliac artery. The patient was eventually discharged improved.

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Indications for Angiocardiography

GEORGE JACOBSON, M.D., and JOHN M. CLARK, M.D., Los Angeles

• *Angiocardiography is indicated in selected cases of heart disease in which a definite diagnosis cannot be made by ordinary methods or in which there is reasonable expectation that the information so obtained may influence the treatment of the patient. Whenever possible, angiocardiography should be done in conjunction with cardiac catheterization. The main indication for angiocardiography is cyanotic congenital heart disease; primarily those cases in which there is a right-to-left shunt. Angiocardiography is occasionally of value in diagnosis of other types of congenital heart disease and in acquired heart disease.*

RADIOLOGISTS long have been aware of the limitations of conventional radiography and fluoroscopy in the diagnosis of heart disease. Consequently, until recently, their interest in cardiac roentgenology has been limited. The more enthusiastic manner in which radiologists now approach the subject is due to the parallel development and popularization of angiocardiography and cardiac catheterization, along with the great advances made in cardiac surgery.

Angiocardiography is rapidly becoming a widely employed procedure and is being advocated for an increasing variety of conditions. Although the number of reported deaths due to angiocardiography has not been great, it must be recognized that a definite risk is entailed each time the examination is carried out. While angiocardiography has contributed greatly to the knowledge of cardiovascular anatomy, physiology, and pathology, it is the opinion of the authors that as a diagnostic procedure, as distinguished from clinical investigation, its use should be limited to cases in which there is a reasonable expectation that the information obtained may influence the treatment of the patient, or to cases in which a definitive diagnosis cannot be made by other means.

Congenital Heart Disease

It is most fortunate that, particularly in congenital heart disease, angiocardiography and cardiac catheterization are complementary procedures. With certain exceptions, which will be discussed, angiocardiography is suited best for the diagnosis of right-to-left shunts, and cardiac catheterization for left-to-right shunts. When it is feasible, however, cardiac catheterization should be carried out in each case before angiocardiography is performed. The hemodynamic data obtained frequently are essential to the proper interpretation of the angiocardiogram.

Right-to-Left Shunts

Cyanosis or diminished oxygen saturation of the peripheral arterial blood in the patient with congenital heart disease, who is not in congestive failure, is almost always due to a right-to-left intracardiac shunt. The exceptions are the occasional cases in which the decrease in arterial oxygen is caused by impaired respiratory function, or cases in which diminished cardiac output, as in pulmonary stenosis, results in excessive deoxygenation of the peripheral systemic circulation. The presence of a right-to-left shunt and the nature of the abnormality usually can be established by angiocardiography.

Dextroposition (overriding) of the aorta, which is always accompanied by a high interventricular septal defect, is a component part of the two commonest forms of cyanotic heart disease, tetralogy of Fallot and Eisenmenger's complex. In most instances these two conditions can be differentiated with a reasonable degree of certainty without resorting either to cardiac catheterization or angiocardiography. However, in many cases a clear distinction based on clinical evidence alone is not possible. A sufficient number of erroneous diagnoses has been made to warrant performing both of these procedures to establish as exact an anatomic and physiologic diagnosis as possible. The degree of pulmonary stenosis and right ventricular and/or pulmonary hypertension, the amount of left-to-right shunt flow through the interventricular septal defect, and the presence of other unsuspected left-to-right shunts can be determined only by catheterization. Angiocardiography is not only a more accurate means than catheterization for demonstrating the overriding aorta but also is more efficient for estimating the volume of the flow of blood from the right ventricle into the aorta. It also serves to visualize unsuspected right-to-left shunts (Figure 1) and is an aid in determining the availability of vessels for surgical anastomosis. All this information is of value

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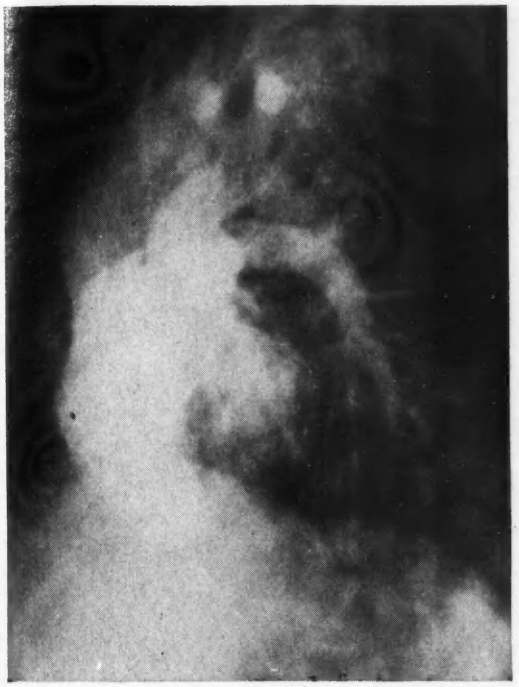


Figure 1.—Tetralogy of Fallot with unsuspected right-to-left shunt through an interatrial septal defect.

in determining whether operation is indicated and, if it is, what procedure should be performed.

Pulmonary stenosis may be accompanied by cyanosis even in the absence of an overriding aorta. First, this may be due to additional congenital cardiac anomalies such as interauricular and interventricular septal defects which, in the presence of right auricular or right ventricular hypertension, permit a flow of blood from right to left. Second, patients with pure pulmonary stenosis may be mildly cyanotic as a result of pulmonary parenchymal or vascular changes or because cardiac output is reduced and an excessive amount of the available oxygen is extracted from the peripheral systemic circulation. As already indicated, right-to-left shunts are demonstrated best by angiocardiography.

In most cases pulmonary stenosis may be assumed from the clinical and radiographic findings. A definite diagnosis can be made only by cardiac catheterization. Angiocardiography rarely will show the actual stenotic area. Differentiation between infundibular and valvular stenosis is of considerable importance, for it will determine whether a vascular anastomosis or valvulotomy is to be attempted. Poststenotic dilation of the pulmonary artery is the most reliable indication that the stenosis is valvular. In most cases the poststenotic dilation is clearly visible

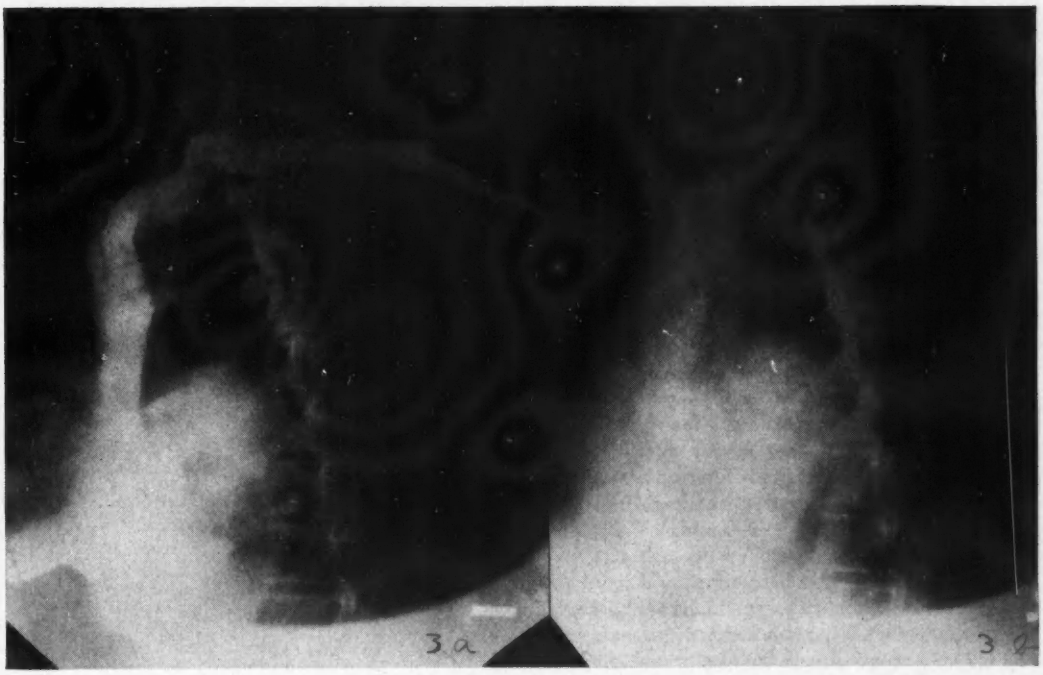


Figure 2.—Tricuspid stenosis. The size of the interatrial septal defect and the absence of filling of pulmonary artery are demonstrated.

on roentgenograms of the chest; in other instances it can be demonstrated only by angiocardiography.

Truncus arteriosus, one of the rarer forms of cyanotic congenital heart disease, must be differentiated from tetralogy of Fallot, with which it easily may be confused. As yet no surgical procedure has been devised that will benefit patients with this cardiac anomaly. Before a diagnosis of truncus arteriosus can be established, it must be shown that there is no functioning pulmonary artery. Angiocardiography is the only method of proving this with any degree of certainty.

Tricuspid stenosis or atresia can be diagnosed with considerable accuracy on clinical evidence alone. Although during cardiac catheterization the catheter may be passed through the accompanying interauricular septal defect, angiocardiography provides a more accurate conception of the size of the defect and of the flow through the shunt (Figure 2). Unless there is complete atresia, angiocardiography may permit visualization of the right ventricle and pulmonary artery. If an anastomotic operation is contemplated, knowledge of the size of the pulmonary artery and its main branches is of considerable importance to the surgeon.

Complete transposition of the great vessels rarely permits the patient to live more than one or two years. In most cases the diagnosis can be made by conventional clinical and radiographic means. Angiocardiography is indicated only as a confirmatory procedure or when the diagnosis is in doubt.

Trilocular and bilocular conditions are due to multiple cardiac defects which can occur in various combinations. The clinical and radiographic findings are usually bizarre and confusing, and depend on the particular defects present in a given case. Angiocardiography is the diagnostic procedure of greatest value in these cases since it may demonstrate the confluence of the abnormal chambers as well as the site of origin and the size of the great vessels.

Pulmonary arteriovenous fistula is almost always associated with a characteristic continuous pulmonary murmur and a lesion visible on a roentgenogram of the chest. Even though the diagnosis in these circumstances is practically certain, angiocardiography is indicated, before operation, not only for positive identification and localization but also to make sure unsuspected multiple lesions are not present. Occasionally a cyanotic patient is encountered who does not have congenital heart disease but does have a suspicious murmur without a visible pulmonary lesion. Particularly in such cases angiocardiography should be performed. Surgical exploration rarely is indicated unless the arteriovenous fistula can be demonstrated.

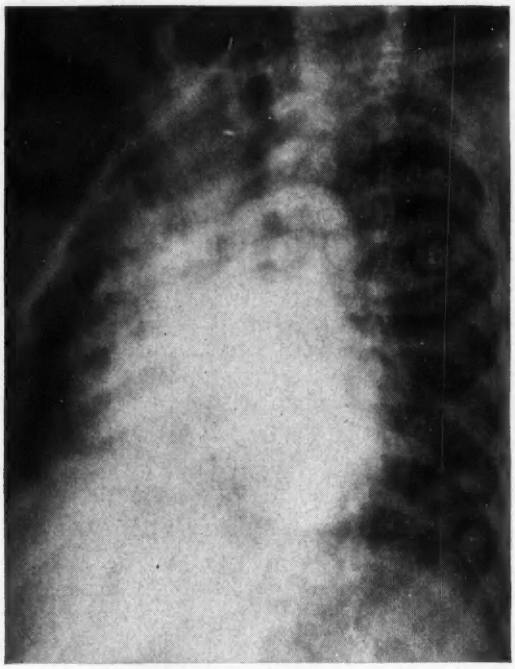


Figure 3.—Hypoplasia of aorta. Clinically the condition was indistinguishable from coarctation.

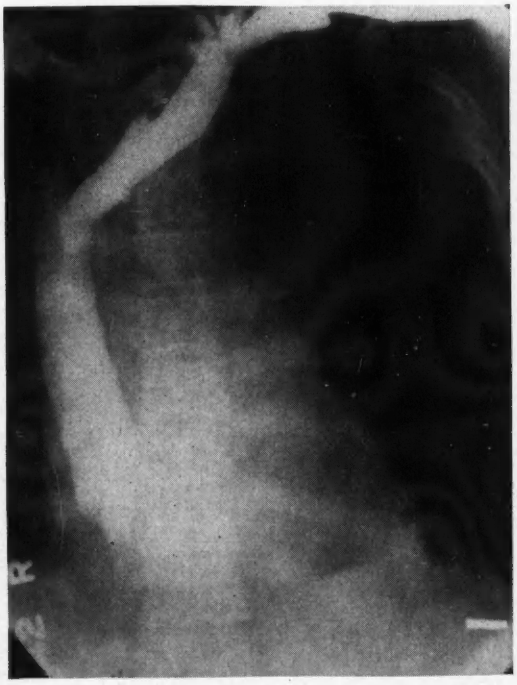


Figure 4.—Constrictive pericarditis. Obstruction demonstrated at the junction of the superior vena cava with the right atrium.

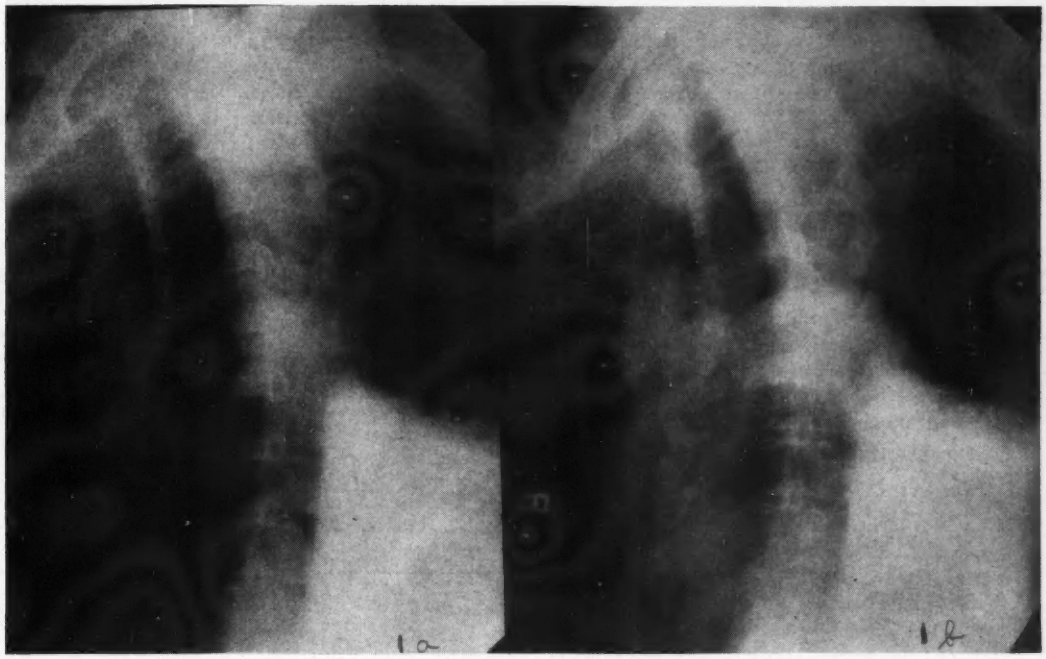


Figure 5.—Aneurysm of aorta differentiated from a solid tumor by angiocardiography.

Left-to-Right Shunts

Interatrial and interventricular septal defects, patent ductus arteriosus and transposed pulmonary veins are the cardiovascular anomalies which ordinarily permit a left-to-right shunt flow of blood. A reversal of flow through the shunt, producing cyanosis, may occur during periods of stress, such as exercise or crying, or when right heart hypertension results from other cardiovascular lesions. In most instances the diagnosis may be assumed from the clinical evidence alone. Definite proof of the exact nature of the defect, with the possible exception of a typical case of patent ductus arteriosus, is dependent on cardiac catheterization. This is true particularly of transposition of pulmonary veins, which is not an uncommon lesion but which rarely is thought of clinically. Angiocardiography is of little value in the diagnosis of left-to-right shunts. It is most difficult to demonstrate the shunt by recirculation and at best this is an unreliable observation. However, as was previously noted, in the presence of cyanosis and therefore a reversal of the flow through the shunt, angiocardiography is indicated.

Anomalies of the Aorta

Coarctation is the most frequently encountered anomaly of the aorta and it is only the exceptional case that presents a problem in diagnosis. When problems do arise, angiocardiography, or preferably retrograde carotid angiography, should be performed in an attempt to demonstrate the lesion. There is some disagreement as to whether angiocardiography is necessary in all cases of coarctation before operation. Many surgeons feel that it is of value for them to know the exact site, degree and extent of the coarctation in each case. Others are of the opinion that angiocardiography should be done only when there are unusual findings. It should be noted that hypoplasia of the aorta produces a clinical picture very similar to that of coarctation and that only angiocardiography can differentiate the two (Figure 3). Admittedly, these cases are rare; nevertheless, needless operation can be avoided.

Other anomalies of the aorta, such as right aortic arch and double aortic arch, are diagnosable usually by conventional radiography. Seldom is angiocardiography necessary.

Pericarditis

The diagnosis of pericardial effusion by ordinary clinical and radiological methods may be most difficult. However, it usually can be proved by pericardial paracentesis, and angiocardiography is rarely necessary. This is not the case in fibrinous or fibrous pericarditis where the thickness of the pericardium cannot be determined by aspiration or by any means other than angiocardiography. It is not often that angiocardiography is required to establish the presence of constrictive pericarditis. Where there is enlargement of the cardiac silhouette it may

be of value in determining the thickness of the pericardium and the size of the heart itself. In rare instances an obstruction to the superior vena cava at its junction with the right atrium may be demonstrated (Figure 4).

Aortic Aneurysms and Mediastinal Tumors

Usually it is not difficult to differentiate between an aortic aneurysm and a non-vascular mediastinal tumor but many cases are encountered in which this is not possible by ordinary means. In these circumstances angiocardiography may be the only diagnostic procedure available short of surgical exploration (Figure 5). However, angiocardiography is not infallible. Frequently the contrast medium does not opacify relatively small saccular aneurysms, or the aneurysm may be filled with clot.

Since angiocardiography is primarily a means of visualizing the anatomy of the heart, it is often most helpful in clarifying the nature of unusual or unexplained cardiac findings. As in pericarditis, it may demonstrate a normal-sized heart surrounded by thickened pericardium; the size of individual chambers may be determined; or the heart may be delineated from a contiguous mediastinal mass.

Many diseases such as syphilitic aortitis, essential hypertension, mitral stenosis, cor pulmonale, tuberculosis and bronchogenic carcinoma have been studied by angiocardiography. These studies have added greatly to understanding of the various diseases and to the ability to interpret the changes seen by conventional radiography. However, as a practical diagnostic procedure in these conditions, angiocardiography is of value only in occasional and carefully selected cases.

1200 North State Street.

A.M.A. Exhibit Used in Traffic Court

FOLLOWING the A.M.A. Clinical Session in St. Louis last December, one of the A.M.A. exhibits, entitled "Testing the Drinking Driver," was displayed in the St. Louis Traffic Court for several weeks.

In a note of appreciation, one of the St. Louis judges praised the exhibit very highly, saying he thought more should be made available to courts all over the country by the A.M.A. and the National Safety Council.

"If made available in sufficient numbers and placed in courtrooms where many traffic violators are present each day, such an exhibit will help to reduce the 'driving while intoxicated' accidents throughout the country," the judge said. "It is a pertinent exhibit and should be displayed wherever possible."

—A.M.A. Secretary's Letter

The Chloride-Water Balance Sheet

An Aid in the Management of Difficult Fluid Balance Problems

H. H. BELDING III, M.D., Riverside

• *In cases in which there is massive loss of fluids or electrolytes or prolonged decreased urinary output, an absolutely accurate knowledge of all water and chloride intake and output by all routes is necessary to avert large and often fatal errors in water and electrolyte therapy based on estimates made from nurses' notes alone.*

By use of the Scribner water-chloride balance sheet method of recording data, it is possible to determine with the necessary accuracy how much fluid and what kind of electrolytes to administer to achieve and maintain balance. The method is simple and can be put into effect in any hospital with the cooperation of an educated nursing and laboratory staff.

DURING THE PAST TWENTY YEARS with an increasing knowledge of the dynamics of exchange of water and electrolytes among the three compartments of the body and a more accurate knowledge of the functions of the various electrolytes it has become possible to accurately diagnose, anticipate and treat severe water and electrolyte problems.

In dealing with certain clinical syndromes it is necessary to have an absolutely accurate determination of intake and output, not only of water but also of electrolytes. These conditions fall into two main categories. First, those in which there are large abnormal losses of water and electrolytes such as occur occasionally with pseudomembranous ileocolitis, obstruction of the small bowel, duodenal fistula, ileostomy, biliary or pancreatic fistula, or following gastric operations, particularly gastroenterostomy and vagotomy. The second category comprises conditions in which the patient has diminished potential output of water and electrolytes, such as chronic nephritis, lower nephron nephrosis and cardiac decompensation. Oliguria caused by acute dehydration is almost invariably cured by adequate administration of water.

In the management of these conditions there must be no estimations or guessing of intake and output, for, as has been demonstrated repeatedly in fatal cases, an error of as much as 300 per cent can thus be made, leading directly to death of the patient.

SIMPLE, ACCURATE RECORDING METHOD

Scribner[2] in 1949 devised a simple and yet extremely accurate method of recording exactly all intake and output of water and chloride on a consecutive 24-hour basis so that the attending physician might know at all times the water and electrolyte status of the patient, with a cumulate positive or negative balance on an easily read balance sheet from day to day. Scribner stated that an accurate knowledge of all chloride intake and output together with a pH determination on all types of fluid lost obviates the necessity of measurement of other important electrolytes such as sodium and potassium and that the status of these anions may be estimated most accurately from quantitative chloride concentrations and pH determinations.

PRINCIPLES USED IN CONSTRUCTION AND EVALUATION OF THE BALANCE SHEET

To set up the balance sheet, it is necessary first to estimate the water and electrolyte status of the patient by a careful review of the amount and sources of fluid and electrolyte losses and of the volume of urinary output since the onset of illness. A careful physical examination should then substantiate the impressions gained from the history. Then laboratory determinations of the content of chlorides in the serum, of carbon dioxide combining power, of non-protein nitrogen content and hematocrit should be studied. From all these data the water and electrolyte status of the patient at that particular moment may be fairly accurately estimated. In the author's opinion, serum potassium and serum sodium determinations are unnecessary (as well as impossible in small hospitals without the facilities of a flame photometer) in evaluating this problem, as they may be very accurately estimated from the serum chloride and carbon dioxide combining power determinations as well as from the history of the type of fluids lost. At this time an estimate is made of the variation of chloride (in milliequiva-

Part of a Symposium on Nutrition and Electrolytes presented before the Section on General Surgery at the 82nd Annual Session of the California Medical Association, Los Angeles, May 24-28, 1953.

SPECIAL BEDSIDE INTAKE AND INCONTINENCE RECORD

(Replaces Nurses Bedside Record when Patient is on Special Fluid Balance Study)

Clinic No._____ Sheet No._____

Name _____ Service of Dr._____ Date_____

		INTAKE						SPILLAGE AND INCONTINENCE		NURSES NOTES	
		Oral, Tube feedings, irrigations, enemas		Intravenous and Subcutaneous				Estimate volume of specimen lost. Do not record specimens saved.		Amt. of visible perspiration i.e. "None" "slight" etc.	Treatments and Medications
DATE	TIME	Type of fluid	vol	Type of fluid and Medications added.	Time begun	Time comp	Vol. Taken	Type of fluid	vol.		
2/10	6 PM	SEE DIET CARD S. JONES								NONE	
				1 mg. SOL WITH							LIGHT TO WOUND - 20 MIN. S. JONES
	10PM	MILK S. JONES	100	20M POTASSIUM							EVENING CARE S. JONES
				CHLORIDE AND							
				1 cc. BERISA C							
				ADDED S. JONES	7PM	9PM	1000				
2/11	1AM	WATER D. SMITH	50					URINE SPILLED D. SMITH	800	PROFUSE	
											MORPHINE SULFATE GR. 1/6 (H) D. SMITH
	4AM	NASAL IRRIG.						EMESIS ON FLOOR D. SMITH	500	SLIGHT	
		BOTTLE REFILLED D. SMITH	1000								
											PATIENT HAD A RESTLESS NIGHT D. SMITH
2/11	7AM	S.S. ENEMA A. CLARK	500								
	8AM			2000 cc 5%D A. CLARK	8AM	9AM	800				MORNING CARE A. CLARK
											SODIUM CHLORIDE TABS 20M A. CLARK
				End of Period				9am	2-11-	50	
				1200 cc 5%D	9AM						

Figure 1.—Special bedside intake and incontinence form for accurate recording of nurses' notes. (Scribner.)

No. X Name John Doe Service of Dr. X

Collections Started at 9am 6-17-52 Physician's Estimate of DESIRABLE Cumulative Chloride Balance +500 mEq.

From 9AM 6-17-52 To 9AM 6-18-52 Equals 24 Hours. CO_2 - 18 mEq ; Cl - 84 mEq ; NPN -

Volume	INTAKE	Chloride	Volume	OUTPUT	Conc. Cl	Total Cl	pH
200	Oral ice chips	0	600	Urine	34	20	
10,000	5% D/S	1500	1000	Sensible & Insensible	0	0	
6470	5% D/W	0	2800	Miller Abbott tube	88	230	
40	KCl	80	19,200	Colostomy	88	1050	
	TOTALS	1580	18,600	TOTALS		1500	

Daily Balance: Water +1000 cc. Chloride +80 mEq. Cumulative Chloride Balance -420 mEq. Weight ____ kg.

From 9AM 6-18-52 To 9AM 6-19-52 Equals 24 Hours.

Volume	INTAKE	Chloride	Volume	OUTPUT	Conc. Cl	Total Cl	pH
150	Oral ice chips	0	1100	Urine	32	35	
6000	5% D/S	1200	1800	Sensible & Insensible	0	0	
6000	5% D/W	0	600	Miller Abbott tube	84	50	
80	KCl	160	5500	Colostomy	91	501	
12230	TOTALS	1360	9200	TOTALS		586	

Daily Balance: Water +3000 cc. Chloride -774 mEq. Cumulative Chloride Balance +354 mEq. Weight ____ kg.

From 9AM 6-19-52 To 9AM 6-20-52 Equals 24 Hours.

Volume	INTAKE	Chloride	Volume	OUTPUT	Conc. Cl	Total Cl	pH
125	Oral ice chips	0	8200	Urine	54	181	
5000	5% D/W		1000	Sensible & Insensible	0	0	
1000	5% D/S	150	300	Miller Abbott tube	96	29	
20	KCl	40	600	Colostomy	98	59	
6125	TOTALS	190	4700	TOTALS		289	

Daily Balance: Water +1425 cc. Chloride -41 mEq. Cumulative Chloride Balance +313 mEq. Weight ____ kg.

From 6-20-52 9AM To 6-21-52 9AM Equals 24 Hours. CO_2 - 26 mEq ; Cl - 98 mEq ; NPN 24

Volume	INTAKE	Chloride	Volume	OUTPUT	Conc. Cl	Total Cl	pH
400	Oral water	0	3800	Urine	52	146	
2000	5% D/W	0	1000	Sensible & Insensible	0	0	
			350	Colostomy	96	34	
2400	TOTALS	0		TOTALS		200	

Daily Balance: Water -900 cc. Chloride -200 mEq. Cumulative Chloride Balance +113 mEq. Weight ____ kg.

Figure 2.—Water-chloride balance sheet on Case 1. The patient had pseudomembranous ileocolitis that developed five days after right transverse loop colostomy was performed for obstructing diverticulitis of the rectosigmoid.

lents) from normal. Here a surprisingly wide range of safety exists, according to Stewart and Rourke[4] and Marriott,[1] who stated that edema does not occur until the chloride excess reaches plus 800 to 1,000 milliequivalents and that drowsiness leading to coma is absent until the chloride deficit reaches minus 1,000 to 1,500 milliequivalents. Thus a relatively wide margin of error in the estimation of chloride variation at the time of starting the balance sheet may be safely allowed.

The balance sheet is then started and all previous specimens of output discarded. The absolute cooperation of nurses is required for this balance study, and Scribner has printed detailed instructions for them. Routinely a cover is taped over the toilet bowl so that no excretions will be lost, and every cubic centimeter of fluid that comes from the patient by any route is collected in labeled jars, a jar for each type of fluid, and saved in consecutive 24-hour periods for laboratory determination. All intake is accurately recorded on special nurses' notes (Figure 1). The required intake for the first 24 hours is estimated from the original evaluation of the patient's status. At the end of 24 hours a laboratory technician measures the volume of each type of fluid lost, such as urine, feces, gastrointestinal contents and ileostomy drainage, and, by using the bedside determination of chloride as described by Scribner,[3] finds the chloride concentration of each sample. The volume and chloride concentration of each type of fluid are then recorded on the output side of the balance sheet for the past 24 hours and a new 24-hour period of collections is begun. Consecutive 24-hour studies are carried out until the patient is out of danger. It is not necessary or advisable to correct severe chloride deficiencies rapidly; it may be done gradually over a period of several days. However, if renal function is normal, water deficiency may be corrected in a short period. As shown in Figures 3 and 4, the cumulative surplus or deficit of chloride and water is carried over from day to day, thereby giving valuable data as to whether the deficiencies or excesses are being corrected.

URINARY CHLORIDE DETERMINATIONS

Urinary chloride determinations as a measure of the chloride status of the body have lost some favor owing to the possibilities of error, principally in three situations: urinary content of chlorides may be low in cases of extreme chloride deficiency, of severe potassium deficiency, or of severe renal disease. However, serial urinary chloride determinations have been demonstrated to be of considerable value in that the chloride status may be evaluated at any specific time with a determination on fresh urine, and day-to-day determinations indicate accurately whether or not a chloride or water imbalance is being corrected.

REPORTS OF TWO CASES

CASE 1. A 63-year-old man, five days after right transverse colostomy for obstructing diverticulitis of the sigmoid, had sudden onset of abdominal cramps and almost constant gushing of watery fluid from the artificial anus, associated with nausea and vomiting. No abnormalities were noted in the abdomen when examination was carried out three hours after the symptoms began. Analysis of fluid losses 8 hours after onset of symptoms showed loss of 7,800 cc. from the artificial anus, 270 cc. as urine and 1,700 cc. through the Miller-Abbott tube. Pseudomembranous ileocolitis was diagnosed and a water-electrolyte balance study was carried out (Figure 2). Suitable replacement therapy was administered and the patient recovered.

Comment: Obviously any attempt at a rough estimate of fluid and electrolyte losses could have been in error by 200 to 300 per cent, which in this case probably would have led rapidly to the death of the patient. The accurate and cumulative recording of all intake and output of water and chloride undoubtedly saved the patient's life.

* * *

CASE 2. A 49-year-old white male, eight days after posterior Polya gastrectomy for obstructing duodenal ulcer without insertion of drains at the time of operation down to the duodenal stump, suddenly went into shock, with a drop in blood pressure from 214/90 to 84/30 and a pulse of 140. Complete examination at this time revealed no apparent cause for the shock and no evidence of bleeding or signs of peritonitis. The lungs were clear and there was no evidence of pulmonary embolism or coronary disease. All attempts at correction of shock were unsuccessful. Six hours later the condition had not changed except for some diminution in bowel sounds and questionable slight distention of the abdomen. Empirically a hemostat was slipped through the incision into the peritoneal cavity and approximately 2,500 cc. of bile-stained fluid was expressed. A diagnosis of duodenal stump perforation was made and proper treatment instituted. The urinary output during the next 24 hours was less than 100 cc. Lower nephron nephrosis was diagnosed and a water-electrolyte balance study was begun. The patient was oliguric for 14 days (see Figure 3, *A*, *B* and *C*) with a steady increase in non-protein nitrogen. Diuresis then occurred and the patient recovered. The duodenal fistula was completely closed spontaneously in eight days.

Comment: Lower nephron nephrosis due to prolonged shock necessitates absolutely accurate knowledge of all intake and output in order to avoid overloading the patient with water or electrolytes. The

WATER-CHLORIDE BALANCE SHEET

No.: — Name: G. S. W. Service of Dr.: Belding

Collections Started at: 3 P.M. 7-20-52 Physician's Estimate of DESIRABLE Cumulative Chloride Balance: +450 mEq. K - 3.8 meq.

From: 3 P.M. 7-20-52 To: 3 P.M. 7-21-52 Equals: 24 Hours. NPN - 26 ; CO_2 - 25.2 mg. ; Cl. 90 m

Volume	INTAKE	Chloride mEq.	Volume	OUTPUT	Conc. Cl mEq.	Total Cl mEq.	pH
0	Oral	0	50	Urine	45	27	
2000	5% glucose in saline	300	1000	Sensible & Insensible	0	0	
1000	5% glucose in H_2O	0	855	Levine tube	82	70	
			1520	wound suction	88	133	
3000	TOTALS	300	3425	TOTALS		205	

Daily Balance: Water -425 cc. Chloride +95 mEq. Cumulative Chloride Balance: -355 mEq. Weight — kg.
Cum. H_2O = -425cc

From: 3 P.M. 7-21-52 To: 3 P.M. 7-22-52 Equals: 24 Hours.

Volume	INTAKE	Chloride	Volume	OUTPUT	Conc. Cl	Total Cl	pH
0	Oral	0	90	Urine	47	4	
2000	5% glucose in saline	300	1000	Sensible & Insensible	0	0	
1000	5% glucose in water	0	1240	Levine tube	94	106	
40	KCl	20	1710	wound suction	97	166	
3040	TOTALS	320	4040	TOTALS		276	

Daily Balance: Water -1000 cc. Chloride +44 mEq. Cumulative Chloride Balance: -311 mEq. Weight — kg.
Cum. H_2O = -1425cc

From: 3 P.M. 7-22-52 To: 3 P.M. 7-23-52 Equals: 24 Hours.

Volume	INTAKE	Chloride	Volume	OUTPUT	Conc. Cl	Total Cl	pH
120	Oral ice chips	0	75	Urine	42	3	
2000	Glucose in saline	300	1000	Sensible & Insensible	0	0	
2000	5% glucose in H_2O	0	1410	Levine tube	98	138	
80	KCl	40	690	wound suction	108	75	
4200	TOTALS	340	3175	TOTALS		216	

Daily Balance: Water +1025 cc. Chloride +124 mEq. Cumulative Chloride Balance: -187 mEq. Weight — kg.
Cum H_2O = -400cc

From: 3 P.M. 7-23-52 To: 3 P.M. 7-24-52 Equals: 24 Hours. NPN - 148 ; CO_2 - 18.8 ; Cl. 98

Volume	INTAKE	Chloride	Volume	OUTPUT	Conc. Cl	Total Cl	pH
90	Oral ice chips	0	110	Urine	54	6	
1500	5% glucose in saline	225	1000	Sensible & Insensible	0	0	
1000	5% glucose in H_2O	0	1120	Levine tube	128	143	
40	KCl	20	245	wound suction	126	31	
2630	TOTALS	245	2475	TOTALS		180	

Daily Balance: Water +155 cc. Chloride +55 mEq. Cumulative Chloride Balance: -132 mEq. Weight — kg.
Cum H_2O = -245 cc

From: 3 P.M. 7-24-52 To: 3 P.M. 7-25-52 Equals: 24 Hours. K - 4.2 meq.

Volume	INTAKE	Chloride	Volume	OUTPUT	Conc. Cl	Total Cl	pH
180	Oral ice chips	0	85	Urine	52	4	
1000	5% glucose in saline	150	1000	Sensible & Insensible	0	0	
1000	5% glucose in water	0	980	Levine tube	132	129	
40	KCl	20	160	Wound suction	138	22	
2220	TOTALS	170	2225	TOTALS		155	

Daily Balance: Water -5 cc. Chloride +15 mEq. Cumulative Chloride Balance: -117 mEq. Weight — kg.
Cum. H_2O = -250cc

A

WATER-CHLORIDE BALANCE SHEET

No.: — Name: G. S. W. Service of Dr.: Belding

Collections Started at: — Physician's Estimate of DESIRABLE Cumulative Chloride Balance: — mEq.

From: 3 P.M. 7-25-52 To: 3 P.M. 7-26-52 Equals: 24 Hours.

Volume	INTAKE	Chloride	Volume	OUTPUT	Conc. Cl	Total Cl	pH
150	Oral Ice chips	0	135	Urine	50	7	
1000	5% glucose in saline	150	1000	Sensible & Insensible	0	0	
1000	5% Glucose in water	0	890	Levine tube	136	121	
40	Kcl	20	220	Wound suction	129	28	
2190	TOTALS	170	2245	TOTALS		156	

Daily Balance: Water -55 cc. Chloride +14 mEq. Cumulative Chloride Balance: -103 mEq. Weight — kg.
Cum. H_2O = -305cc

From: 3 P.M. 7-26-52 To: 3 P.M. 7-27-52 Equals: 24 Hours.

Volume	INTAKE	Chloride	Volume	OUTPUT	Conc. Cl	Total Cl	pH
210	Oral ice chips	0	105	Urine	48	5	
500	5% glucose in saline	95	1000	Sensible & Insensible	0	0	
1500	5% Glucose in water	0	1280	Levine tube	134	172	
40	KCl	20	35	wound suction	80	3	
2250	TOTALS	95	2420	TOTALS	[illegible]	180	

Daily Balance: Water -170 cc. Chloride -85 mEq. Cumulative Chloride Balance: -188 mEq. Weight — kg.
Cum. H_2O = -475cc

From: 3 P.M. 7-27-52 To: 3 P.M. 7-28-52 Equals: 24 Hours. NPN - 210 ; CO_2 - 14 ; Cl - 101

Volume	INTAKE	Chloride	Volume	OUTPUT	Conc. Cl	Total Cl	pH
180	Oral ice chips	0	90	Urine	47	4	
1000	5% glucose in saline	150	1000	Sensible & Insensible	0	0	
1000	5% Glucose in water	0	1020	Levine tube	126	129	
			40	Wound suction	64	3	
~~2180~~			~~2160~~				
2130	TOTALS	150	2150	TOTALS		136	

Daily Balance: Water +30 cc. Chloride +14 mEq. Cumulative Chloride Balance: -174 mEq. Weight — kg.
Cum. H_2O = -445 cc

From: 3 P.M. 7-28-52 To: 3 P.M. 7-29-52 Equals: 24 Hours. K - 4.0

Volume	INTAKE	Chloride	Volume	OUTPUT	Conc. Cl	Total Cl	pH
250	Oral ice chips	0	210	Urine	51	11	
1000	5% glucose in saline	150	1000	Sensible & Insensible	0	0	
1000	5% Glucose in H_2O	0	640		136	86	
40	KCl	20	10		42	1	
2290	TOTALS	170	1860	TOTALS		98	

Daily Balance: Water +430 cc. Chloride +72 mEq. Cumulative Chloride Balance: -102 mEq. Weight — kg.
Cum. H_2O = -15

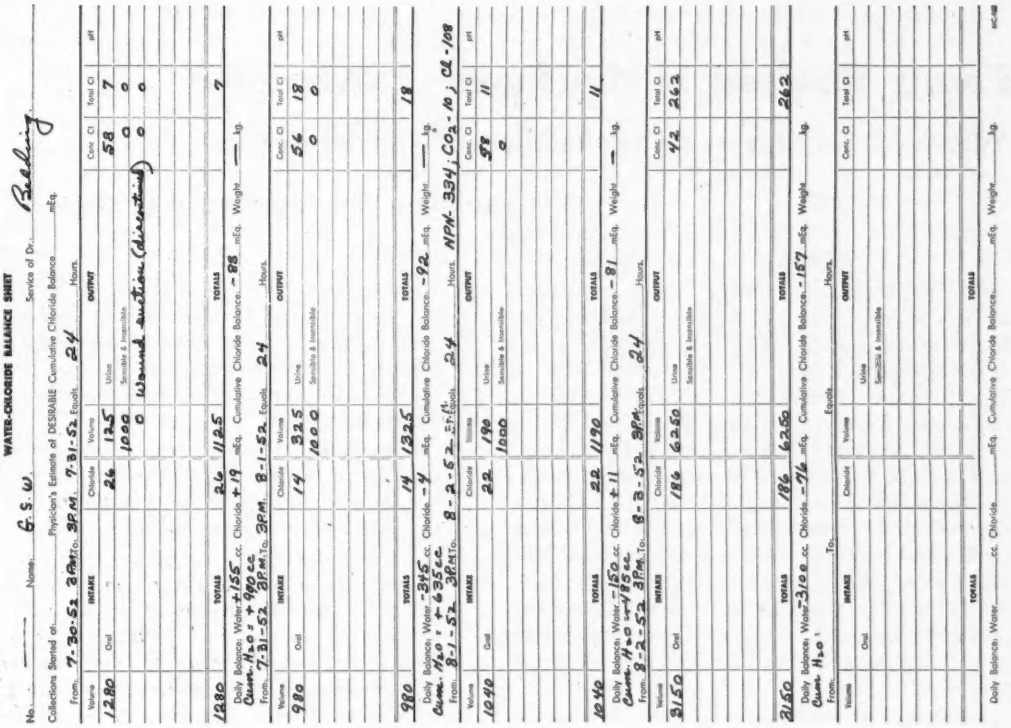
From: 3 P.M. 7-29-52 To: 3 P.M. 7-30-52 Equals: 24 Hours.

Volume	INTAKE	Chloride	Volume	OUTPUT	Conc. Cl	Total Cl	pH
0	Oral —		90	Urine	56	5	
2000	5% Glucose in H_2O	0	1000	Sensible & Insensible	0	0	
			0	Levine tube (removed)	—		
			10	Wound suction	20	0	
2000	TOTALS	0	1100	TOTALS		5	

Daily Balance: Water +900 cc. Chloride -5 mEq. Cumulative Chloride Balance: -107 mEq. Weight — kg.
Cum. H_2O = +815 cc.

B

Figure 3.—The two sheets reproduced above (A and B) and the sheet on the next page (C) are the water-chloride balance sheet on Case 2. The patient had lower nephron nephrosis following prolonged shock and oliguria for fourteen days followed by diuresis and recovery.



C

(Continued from preceding page)

WATER-CHLORIDE BALANCE SHEET

No. —— Name G. S. W. Service of Dr. Reading

Collections Started at:—— Physician's Estimate of DESIRABLE Cumulative Chloride Balance ——mEq.

From 7-30-52 3PM. To 7-31-52 3PM. Equals 24 Hours.

INTAKE Volume	Chloride	Volume	OUTPUT	Conc. Cl	Total Cl	pH
Oral —	26	125	Urine	58	7	
		1000	Sensible & Insensible	0	0	
		0	Wound suction (discontinued)	0	0	
TOTALS	26	1125	TOTALS		7	

Daily Balance: Water +155 cc. Chloride +19 mEq. Cumulative Chloride Balance: −88 mEq. Weight —— kg.
Ouan. H_2O + 900 cc.
From 7-31-52 3PM. To 8-1-52 3PM. Equals 24 Hours.

INTAKE Volume	Chloride	Volume	OUTPUT	Conc. Cl	Total Cl	pH
Oral	14	325	Urine	56	18	
		1000	Sensible & Insensible	0	0	
TOTALS	14	1325	TOTALS		18	

Daily Balance: Water −345 cc. Chloride −4 mEq. Cumulative Chloride Balance: −92 mEq. Weight —— kg.
Ouan. H_2O + 635 cc.
From 8-1-52 3PM. To 8-2-52 3PM. Equals 24 Hours. NPN 334, CO_2 16, Cl 108

INTAKE Volume	Chloride	Volume	OUTPUT	Conc. Cl	Total Cl	pH
Oral	22	190	Urine	58	11	
		1000	Sensible & Insensible	0		
TOTALS	22	1190	TOTALS		11	

Daily Balance: Water −150 cc. Chloride +11 mEq. Cumulative Chloride Balance: −81 mEq. Weight —— kg.
Ouan. H_2O + 785 cc.
From 8-2-52 3PM. To 8-3-52 3PM. Equals 24 Hours.

INTAKE Volume	Chloride	Volume	OUTPUT	Conc. Cl	Total Cl	pH
Oral	186	6250	Urine	42	262	
TOTALS	186	6250	TOTALS		262	

Daily Balance: Water +3100 cc. Chloride −76 mEq. Cumulative Chloride Balance: −157 mEq. Weight —— kg.
Ouan. H_2O +
From —— To —— Equals —— Hours.

INTAKE Volume	Chloride	Volume	OUTPUT	Conc. Cl	Total Cl	pH
Oral			Urine			
			Sensible & Insensible			
TOTALS			TOTALS			

Daily Balance: Water —— cc. Chloride —— mEq. Cumulative Chloride Balance: —— mEq. Weight —— kg.

water-chloride balance sheet was the perfect and life-saving answer to the management of this case.

3616 Main Street.

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Faulty Healing in the Lower Extremities

Vascular Deficiency as a Complication in Industrial Injuries

M. LAURENCE MONTGOMERY, M.D., San Francisco

• The failure of injuries of the lower extremities to heal properly can often be traced in older persons to arteriosclerosis obliterans. In industry this condition presents a serious problem to older workers, to employers and to insurance carriers.

In persons with severe varicosis or those who have had extensive thrombophlebitis, ulcers of the leg may develop following bruising of the skin in the region of the ankle.

A third and little recognized condition is edema with or without induration of the skin and subcutaneous structures of the leg, with or without the existence of varicose veins and without evidence of cardiac or renal disorders. This condition is often associated with the absence of or marked diminution of the production of hydrochloric acid by the stomach. An accompanying diminution in or absence of pepsin may occur. It is corrected slowly by taking with each meal small amounts of dilute hydrochloric acid. When pepsin is deficient, the enzyme papain is given.

SINCE PREEXISTING IMPAIRMENT of the circulation of blood may be a cause of delayed or faulty healing in cases of industrial injury, all examinations for employment should include a study of the peripheral vascular system, including the pedal arteries. In addition, as the effective working life of employees is becoming progressively prolonged, periodic examinations should be made of the circulation. If defects are found, special studies should be made to determine whether the changes are such as might create conditions that would delay or prevent normal healing if injury should occur. Such changes are often "silent" until exposed by an injury that may be quite trivial, with the result that insurance carriers and employers are inclined to avoid the risk of employing older persons.

If preliminary and periodic examinations are done it is more likely that these defects will be discovered and that the interested parties can agree to some modification of the rules of compensation to fit the circumstances, so that an employed person will not be permitted to retire as an industrial casualty simply because a preexisting condition prevents normal healing of an essentially trivial injury. General application of such a program of examinations could speed the implementation of a limited coverage insurance plan that recognized the preexisting defect. With employer and insurance carrier thereby assured that they would be held responsible for no more than their fair share of the compensation in case of accident, job opportunities for older persons might increase.

ARTERIAL OCCLUSION

The arterial disorder that is most often encountered is arteriosclerosis obliterans. Frequently persons who have the condition are unaware of it until some injury makes unusual demands upon the circulation. Even moderate bruising of the toes, foot or shin may be enough to result in permanent disability and at times lead to amputation of a limb. If the condition is known to be present, the need for care and protective measures to avoid injury will be recognized by patient and physician alike.

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Lest congenital absence of pulsation in one of the pedal arteries be mistaken for disease, a diagnosis of arterial deficiency cannot be made unless there are other symptoms such as unusually severe or persistent discomfort, or signs of anoxia, such as edema and a shallow reddishness of the skin of the toes and foot. The latter must be differentiated from capillary dilatation due to venous disorders. Usually the pinkness resulting from venous disorders involves the vessels of the deeper skin area and may not affect the toes at all. Sluggish healing is an additional indication of arterial deficiency as is loss of color from the foot of the affected extremity when the patient is placed on his back with the lower extremities elevated at an angle of 45 to 60 degrees.

On the other hand the presence of good pulsation in one pedal artery does not, of itself, rule out an occlusive disorder. Advanced ulcers of the skin due to arteriosclerosis obliterans have been seen in persons with good posterior tibial pulsations. X-ray studies are of limited value in determining the effec-

tiveness of the circulation, for calcified vessels may be carrying adequate amounts of blood and vessels without calcification may be completely blocked.

In the presence of arterial deficiency, trauma must be avoided. Incisions of the skin of the ankle and foot may not heal. Open reduction of a fracture of this area may jeopardize the limb. Injection therapy for varicose veins of the ankle in such a case has led to supracondylar amputation of the leg.

Contrast baths would appear to be of limited value, for heat dilates the capillaries and increases the utilization of oxygen and nourishment without increasing the limited inflow of blood through the larger, occluded vessels. Harsh chemicals applied to the skin are painful and ineffectual. Soaks wet the skin and invite infection. Oily dressings appear to be preferable.

Elastic support, which might ordinarily be used in dealing with edema or varicose veins, must be used with great caution in order to avoid constriction of the small arteries of the skin upon which healing may be dependent. Use of elastic bandages and casts for ulcers, even varicose in origin, may be dangerous to survival of the limb.

Finally, it must be kept in mind at all times in dealing with cases of injury in which circulating insufficiency is a factor, that it may be impossible to restore the limb to the pre-injury status, and moreover that use of measures that normally would be effectual might even be damaging.

VENOUS STASIS

Venous stasis is a more common but usually less disabling disorder. It may be acute or chronic. The acute form occurs at the time of or shortly after injury. It develops as a swelling of all or a portion of the lower extremity. In some cases there may be no pain or other definitive evidence of blocking of the femoral vein, while in others all the symptoms of femoral thrombophlebitis may be present, including low-grade fever and pain and tenderness in the groin and in the muscles of the thigh and calf. In either event the affected limb should be elevated and anticoagulant therapy administered. If there is a constricting cast at the site of stasis, it should be removed. The prognosis is for prolonged convalescence and possibly chronic, somewhat disabling venous congestion associated with edema and perhaps with late ulceration. If the occlusion is moderate, a fair amount of counter-pressure support usually can be tolerated, but support is painful and ineffectual in cases of pronounced occlusion.

A peculiarity of the edema that develops from venous stasis is that it may persist for some time, perhaps six months, then subside gradually as recanalization takes place, and later, if damage to the valves has been considerable and recanalization develops normally, enter a third phase of persistent edema with possibly the later occurrence of eczema and even ulceration. In patients who are in a poor nutritional state, serious, permanent occlusion of the deep veins may develop, characterized by aching, persistent purplish discoloration of the extremity, and at times reduced muscular efficiency.

The chronic forms of venous stasis occur in association with advanced cases of varicose veins or as the residual effect of a femoral-popliteal thrombophlebitis. In either situation, ulcers of the lower leg and ankle may develop spontaneously. The condition may cause delay in healing of any injury at the site and it may result in ulceration of the skin in the area of the injury.

Salves and antibiotic lotions, although often used in the treatment of conditions caused by venous stasis, are of no specific value, since the indolence and ulceration are not related to infection but rather to stagnation of fluids in the extravascular spaces. This stagnation, as Landis explained, occurs because the abnormally high intravenous pressure associated with venous stasis prevents the osmotic action by which fluids are drawn into the veins from the extravascular spaces.

Elastic supports are used for temporary countering of the increased intravenous pressure by exerting a positive compressive force on the leg against the existing edema. The strength of support may range from that of a light elastic stocking to that obtained with supportive "casts" made of cotton gauze bandage, sponge rubber and adhesive tape. The once popular gelatin boot is relatively ineffective as a means of reducing edema, for it exerts no positive pressure as stretched elastic does, and in warm weather it may soften and relax what little support it does give.

"Casts" made of gauze, sponge rubber and tape or elastic bandage are particularly useful in reducing edema and induration and healing eczema and ulcers. If fungous infection is present it should be treated with fungicides or with light doses of x-ray.

Temporary reduction of the increased intravenous pressure may be brought about by the injection of sclerosing solutions. The blocking effect is rarely permanent, although it may last for from several months to several years.

Permanent reduction in intravenous pressure is attained in the superficial varices by excision of the affected veins and interruption of their connections with the deep venous system by ligation and division of the perforator veins. If vessels that should be removed are overlooked, the operation may be of only limited value. Even with the best of selection and operation, additional operation is necessary in about

15 per cent of cases, due to the unpredictability of varicosis.

In cases in which superficial varices have occurred following thrombosis in the deep venous system, reduction in the pressure in the superficial veins by injection or by excision of the veins may sometimes be very useful. First, of course, it must be made certain that the deep veins are patent. In the author's opinion such treatment should not be resorted to until a year or more after the active phase of phlebitis has passed. Neither should it be used in patients who have a persistent purplish discoloration of the skin of the foot and leg, for the discoloration is positive evidence of persistent obstruction in the deep veins.

SUDECK'S DYSTROPHY

Another disorder of the circulation with which industrial physicians must deal is Sudeck's atrophy or Sudeck's dystrophy. This rare and very disabling condition is often misdiagnosed and mismanaged because the inciting trauma is usually trivial and the objective symptoms are not pronounced at first. The complaints appearing to be excessive, the patient may be considered a malingerer. Diagnosis depends in large part on alertness to minor deviations from the normal which are the significant signs of the disease. Usually in the early stages of the disease there are mild swelling and a slight increase in the temperature of the skin of the affected foot. Later, the warmth gives way to slight to moderate coolness that may extend as high as the knee. The coolness may be so mild that it is not noted in the course of a cursory examination. Radiographically observed, the density of the bones of the feet diminishes slightly within two to three weeks after the injury.

The treatment of choice in the early stages is the injection of the region of the lumbar sympathetic nerve chain of the affected limb with 12 to 15 cc. of a 1 or 2 per cent solution of procaine, weekly at first and later at intervals of two to three weeks. The treatment may require four to eight months. Even when diagnosis is not made until the late stages of the disorder—that is, several months to a year or longer after the injury, when coolness of the skin has developed—the injection treatment should be tried initially. Then, if no improvement occurs within two or three weeks, sympathetic ganglionectomy should be done. The result of this operation is usually good, although it may be somewhat delayed, and in some cases pain in the back at the operative site may develop.

DEFICIENCY EDEMA

Another disorder of the lower extremities that is sometimes puzzling is edema that is not associated with any evidence of the usual causes of edema, such as cardiovascular or renal diseases, but apparently is related to digestive deficiency. The edema is usually bilateral, although one limb may be larger than the other. Usually the appearance is of tensely filled subcutaneous tissue covered by tightly drawn, shiny skin which may resist pressure and not show pitting. The condition may be observed from adolescence onward. The edema may be controlled by elastic support although in general it tends to resist reduction by this means and may even persist with the patient in bed and the legs elevated. Often the patient has a sense of burning of the feet and of extreme tightness of the skin of the feet to the point of bursting.

Varicose veins may occur concomitantly with this condition but they are not related to it. (In one such case the author excised varicose veins in expectation the edema would diminish. It increased.)

Edema of this type is important in industrial medical problems because it can delay the healing of injuries to the lower extremities. Indolent ulcers may occur at the site of an abrasion.

In about half of the patients observed by the author with edema of this order, it was possible to demonstrate a deficiency in the functioning in the mucosa of the stomach—reduced production or complete absence of hydrochloric acid in most cases, and in some a diminution in or absence of peptic digestion also.

The diagnosis *deficiency edema* was made when it was found by gastric analysis that free acid was absent or was diminished by 50 per cent or more in relationship to the normal curve.

In about 50 cases of this kind observed in the past four years, good response was usually obtained from the administration of replacement therapy. For this purpose the author prescribes 20 to 25 minims of dilute hydrochloric acid in water, milk or buttermilk to be taken during the latter part of each meal. Acidulin, in the author's experience, is much less effective. Where indicated 4 to 8 cc. of essence of caroid (papain) is given as a substitute for pepsin. After several weeks or months of this therapy edema usually is diminished or completely resolved, the bursting sensation in the foot is usually controlled and the burning feeling is lessened. Patient and physician alike must be prepared for slowness of improvement.

490 Post Street.

Frozen Raw Foods as Skin-Testing Materials

Further Studies of Use in Cases of Allergic Disorders

GIACOMO R. ANCONA, M.D., and IRWIN C. SCHUMACHER, M.D., San Francisco

• In further studies on the use of frozen raw food as skin-testing material in patients with allergic disorders, the results of previous work were confirmed in a greater number of subjects using a larger number of foods:

Tests with frozen raw foods by the scratch method induce true positive reactions of a larger size and in greater frequency than the corresponding commercial extracts by either the scratch or the intracutaneous method.

Storage in the frozen state for several years does not affect the antigenic potency of the materials. The frozen preparations have caused no harmful effects in the subjects, are free from irritant properties, and are not urticariogenic.

RESULTS WITH THE USE of frozen raw foods as skin-testing materials in subjects with allergic disorders were reported in 1950.[1] Fifty-one foods had been selected as representing the important members of the zoological and botanical groups commonly used in the authors' locality. Each food was collected in the fresh raw state and, according to its physical properties, was reduced to a paste or powder suitable for scratch testing. The material was placed in shell vials of 2 cc. capacity, closed with clean stoppers and immediately stored in a freezing compartment. From this frozen stock, complete sets of the different foods were subsequently assembled into units. A few minutes before the tests were to be made, the unit was removed from the freezer, and the material was permitted to thaw at room temperature. Scratch tests were performed, employing one-tenth normal sodium hydroxide or one-fiftieth normal sodium hydroxide with 30 per cent glycerin as a moistening agent. Remnants of the test materials were discarded at the end of each day's work.

Comparative scratch tests of frozen foods and one or more commercial extracts were made in 66 subjects, the majority of whom had allergic diseases of various types. In 43 of the subjects, the reactions were entirely negative, indicating that the raw foods were non-urticariogenic. Observations, based on over 3000 scratch tests, convinced the authors that these frozen raw materials applied in this manner were harmless to the patients.

In a group of 23 subjects who had positive or doubtful reactions to one or more foods with either the frozen raw materials or the commercial extracts, the raw foods produced true positive reactions of a larger size and in greater frequency than the corresponding commercial extracts.

During the past three years frozen raw food pastes and powders have been used routinely as testing materials in patients suspected of sensitivity to foods. The original list has been increased to 111 foods to include more representatives of the important zoological and botanical groups in common use. In addition to the materials on this basic list for routine testing, various others have been prepared for use in special instances when the history suggested sensitivity to some food not on the basic list or to check closely related foods in the various groups.

The foods that have been used routinely in the studies made since the first report in 1950 are listed in Table 1.

The method of preparation has remained unchanged. It should be emphasized, however, that experience has shown that for certain raw foods there is an optimum amount of grinding and blending sufficient to produce a smooth paste, without causing separation of the material into solid and liquid portions.

The length of time the raw materials retain their antigenic properties when maintained in the frozen state has been investigated. At various intervals, comparative tests have been made of foods prepared and frozen four years ago with similar foods freshly prepared, using subjects known to give positive reactions. It was found in every instance that the frozen raw foods that had been kept as long as four years showed no appreciable loss of antigenic potency.

In 345 new patients, on whom approximately 34,000 tests were made, no harmful effects were noted. Thus, as in the previous study, these frozen raw materials were found to be entirely innocuous to the subjects. Furthermore, in a group of 218

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From the Allergy Clinic, the Department of Medicine, the School of Medicine, University of California, San Francisco.

TABLE 1.—Foods used routinely in studies of skin-testing with allergens prepared by freezing

Beef	Artichoke	Cottonseed	Banana
Lamb	Beet	Eggplant	Olive
Pork	Spinach	Paprika	Coconut
Milk, Cow	Lettuce	Pepper, Green	Date
Chicken	Sweet Potato	Potato	Apple
Egg, Chicken	Broccoli	Tomato	Pear
Anchovy	Cabbage	Carrot	Raspberry
Bass	Horseradish	Celery	Strawberry
Cod	Mustard	Dill	Grapefruit
Halibut	Radish	Parsley	Lemon
Tuna	Cantaloupe	Peppermint	Orange
Salmon	Cucumber	Sage	Currant
Sardine	Squash	Vanilla	Grape
Smelt	Watermelon	Clove	Cashew
Sole	Zucchini	Poppyseed	Hazelnut
Crab	Yam	Pepper, Black	Chestnut
Lobster	Mushroom	Curry	Pecan
Shrimp	Yeast	Ginger	Walnut,
Clam	Bean, Lima	Pineapple	English
Oyster	Bean, Navy	Almond	Brazil Nut
Oat	Bean, Soy	Apricot	Pine Nut
Barley	Bean, String	Cherry	Hops
Rye	Licorice	Peach	Coffee
Wheat	Pea	Prune	Cocoa
Corn	Peanut	Cranberry	Tea
Rice	Asparagus	Avocado	Flaxseed
Buckwheat	Garlic	Cinnamon	Honey
Rhubarb	Onion	Fig	Tapioca

patients on whom some 20,000 tests were done, completely negative reactions were obtained, again indicating that these materials do not contain irritants capable of producing false reactions. The nonspecific erythematous reactions occasionally noted with spinach, mustard and eggplant were readily recognized as such.

During the past three years tests with frozen raw foods have been made on 345 subjects with various allergic disorders. In 50 of them who had negative reactions and in five with positive reactions, no comparative studies were made with commercial extracts.

In the remaining 290 subjects the reactions to scratch tests with frozen raw foods were compared with results obtained with commercial extracts used in three ways: (1) scratch test, (2) both scratch and intracutaneous tests, and (3) intracutaneous test only. One hundred sixty-eight of the subjects had entirely negative reactions to the frozen raw foods by scratch test and to the commercial extracts by the scratch or the intracutaneous test, or both.

One hundred twenty-two subjects showed positive or doubtful reactions to at least one of the 108 foods by scratch test with frozen raw foods or commercial preparations. Neither kind of preparation of rhubarb, clove or pear caused any reaction in the subjects tested. The results are summarized in Table 2. The total number of reactions to frozen raw foods was 882 (655 positive, 227 doubtful), as against 567 (275 positive, 292 doubtful) by the same subjects to commercial extracts. In 203 instances, the reaction to a frozen raw food was negative when

TABLE 2.—Comparative results of scratch tests with frozen raw foods and with commercial extracts in 122 patients who had positive or doubtful reactions to one or more of 108 foods

	Type of Reaction		
	Positive	Doubtful	Negative*
Frozen Material	655	227	203
Commercial Extract	275	292	518

*Includes those instances in which reaction was negative to either the frozen raw food or commercial extract when positive or doubtful with the other.

TABLE 3.—Comparative results of scratch tests of frozen raw foods and intradermal tests of commercial extracts in 58 patients who had positive or doubtful reactions to one or more of 87 foods

	Type of Reaction		
	Positive	Doubtful	Negative*
Frozen Material	201	71	43
Commercial Extracts†	52	63	200

*Includes those instances in which reaction was negative to either the frozen raw food or commercial extract when positive or doubtful with the other.

†Commercial extracts which produced positive reactions by scratch test are not included in this group.

the reaction to a commercial extract was positive or doubtful, whereas the converse was true in 518 instances. This preponderance of positive reactions with frozen raw foods is in agreement with the results reported in 1950.

Fifty-eight patients had negative reaction to scratch tests with commercial extracts of 87 foods, but had positive or doubtful reaction to either the scratch test with frozen raw food or the intracutaneous test with commercial extracts. The results of this comparative study are summarized in Table 3. The total number of reactions to frozen raw foods by scratch test was 272 (201 positive, 71 doubtful), as against 115 (52 positive, 63 doubtful) by the same subjects to commercial extracts by intracutaneous test. In 43 instances the reactions to the frozen raw food were negative when the reactions to the commercial extracts were positive or doubtful, whereas in 200 instances the converse was true. These figures indicate the superiority of the scratch test with frozen raw materials over the intracutaneous test with the corresponding commercial extracts.

In the original report a comparison of the size of the reactions to the frozen raw foods and to the commercial extracts by the scratch method was made, using a grading system of points in which doubtful reactions received a value of 0.5 and positive reactions 1 to 4, the value depending upon the degree of reaction. On this basis there were (in the original report) 344.5 points for the frozen raw food as against 143 for the commercial extracts—indicating a predominantly larger size for the former.

This same comparison was made by one of the authors (G. A.) in 37 of the group of the previously mentioned 58 patients reported upon in Table 3. As shown in Table 4, these 37 patients had positive or doubtful reactions to one or more of 58 foods

TABLE 4.—*Comparative results of scratch tests with frozen raw foods and intracutaneous tests with commercial extracts in 37 subjects who had positive or doubtful reactions to one or more of 58 foods*

Foods	Instances of Reactions	Reactions to Frozen Materials				Reactions to Commercial Extracts*			
		Positive	Doubtful	Negative†	Points‡	Positive	Doubtful	Negative†	Points‡
1. Milk	3	3	....	....	8	3	....	....	6
2. Bass	2	2	....	....	4	....	....	2	....
3. Cod	1	....	1	....	0.5	....	....	1	....
4. Halibut	2	1	1	....	1.5	....	....	2	....
5. Salmon	3	3	....	....	3	....	....	3	....
6. Sardine	1	1	....	....	3	....	....	1	....
7. Sole	5	3	1	1	5.5	1	....	4	2
8. Tuna	4	4	....	....	9	....	1	3	0.5
9. Crab	10	8	2	....	22	1	....	9	4
10. Lobster	3	3	....	....	5	....	1	2	0.5
11. Shrimp	8	8	....	....	18	3	2	3	6
12. Clam	10	10	....	....	23	1	2	7	2
13. Oyster	2	1	....	1	1	....	1	1	0.5
14. Barley	3	1	....	2	2	3	....	....	5
15. Wheat	1	1	....	....	3	....	....	1	....
16. Corn	1	....	1	....	0.5	....	....	1	....
17. Rice	2	2	....	....	2	....	1	1	0.5
18. Buckwheat	1	....	1	....	0.5	....	1	....	0.5
19. Mustard	4	4	....	....	6	....	....	4	....
20. Sprout	1	1	....	....	3	....	....	1	....
21. Cantaloupe	1	1	....	....	1	....	....	1	....
22. Squash	1	1	....	....	2	1	....	....	2
23. Mushroom	2	2	....	....	2	....	....	2	....
24. Lima bean	9	8	1	....	19.5	....	....	9	....
25. Navy bean	2	2	....	....	4	1	....	1	2
26. Soy bean	4	4	....	....	11	2	....	2	2
27. String bean	1	....	1	....	0.5	....	....	1	....
28. Pea	5	2	3	....	7.5	1	....	4	2
29. Peanut	10	6	3	1	14.5	3	....	7	8
30. Garlic	2	2	....	....	3	....	1	1	0.5
31. Onion	1	....	1	....	0.5	....	....	1	....
32. Potato	1	1	....	....	1	1	....	....	4
33. Tomato	1	1	....	....	1	....	....	1	....
34. Caraway	1	1	....	....	4	....	....	1	....
35. Carrot	1	....	....	1	....	....	1	....	0.5
36. Celery	1	....	1	....	0.5	....	1	....	0.5
37. Dill	2	1	1	....	4.5	....	1	1	0.5
38. Parsley	2	....	1	1	0.5	....	2	....	1
39. Curry	1	1	....	....	1	....	....	1	....
40. Pineapple	1	....	1	....	0.5	....	....	1	....
41. Almond	2	1	1	....	1.5	....	....	2	....
42. Apricot	1	....	1	....	0.5	....	....	1	....
43. Peach	2	2	....	....	5	....	....	2	....
44. Avocado	1	1	....	....	1	....	....	1	....
45. Fig	1	1	....	....	3	....	....	1	....
46. Banana	1	....	1	....	0.5	1	....	....	2
47. Coconut	1	....	1	....	0.5	....	....	1	....
48. Date	1	1	....	....	1	....	....	1	....
49. Orange	1	....	....	1	....	1	....	....	1
50. Hazelnut	6	3	2	1	5	2	1	3	6.5
51. Black walnut	3	2	1	....	2.5	....	....	3	....
52. English walnut	5	3	2	....	6	1	....	4	1
53. Pine nut	1	1	....	....	2	....	1	....	0.5
54. Hops	1	1	....	....	1	....	....	1	....
55. Coffee	2	1	1	....	1.5	....	....	2	....
56. Cocoa	2	1	1	....	1.5	....	....	2	....
57. Flaxseed	1	1	....	....	3	....	....	1	....
58. Honey	2	2	....	....	3	1	....	1	1
Totals	150	110	31	9	236.5	27	17	106	63.5

*Commercial extracts which produced positive reactions by scratch test are not included in this group.

†Includes those instances in which reaction was negative to either the frozen food or commercial extract when positive or doubtful with the other.

‡"Points" are based on a value of 0.5 for a doubtful positive and 1 to 4 for the positive, the value depending upon the degree of reaction—1 plus to 4 plus.

TABLE 5.—Comparative incidence in 122 patients of positive and doubtful reactions to scratch tests with frozen raw materials and to scratch or intracutaneous tests with commercial extracts according to food groups

	Reaction to Frozen Raw Materials		Reaction to Commercial Extracts	
	Positive	Doubtful	Positive	Doubtful
Fish*	112	24	21	38
Crustaceans†	111	11	24	18
Molluscs‡	40	8	9	12
Cereals§	74	24	51	37
Beans¶	112	35	43	37
Nuts‖	57	31	26	19

*Anchovy, bass, cod, halibut, salmon, sardine, smelt, sole, tuna.
†Crab, lobster, shrimp.
‡Clam, oyster.
§Oat, barley, rye, wheat, corn, rice, buckwheat.
¶Lima bean, navy bean, soy bean, string bean, pea, peanut.
‖Hazelnut, chestnut, hickory nut, pecan, black walnut, English walnut, Brazil nut, pine nut.

by scratch test with frozen raw materials or by intracutaneous test with commercial extracts, or by both. Using the same system of grading, there were 236.5 points for the frozen raw food, as against 63.5 points for the commercial extracts—again indicating the predominantly larger size of the reactions for the former.

The results shown in Tables 3 and 4 indicate that frozen raw foods as skin-testing materials by the scratch method induce reactions of a larger size and in greater frequency than do the corresponding commercial extracts by the intracutaneous method.

Throughout the course of this study the authors were impressed by the incidence of positive reactions to commonly eaten foods of certain zoological and botanical groups. A comparative study was made of the occurrence of the reactions elicted by the scratch method with frozen material and with commercial extracts in the groups of fish, crustaceans, molluscs, cereals, legumes and nuts. As shown in Table 5, it is apparent that the frozen raw foods in these groups produced a significantly greater number of positive reactions than did the commercial extracts. Milk, egg, and potato, not included in Table 5, produced approximately the same number of reactions with the two different types of material.

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Treatment Program for Mental Hospitals

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• Many thousands of patients in the "chronic" wards of mental hospitals have been considered unsuitable subjects for active treatment, on the assumption that little could be accomplished. However, a well integrated therapeutic program under skilled psychiatric direction and involving all personnel who will come in contact with the patient gives promise of returning a substantial number of patients to their homes. The program suggested in this paper also retards personality disorganization and refutes the current nihilistic attitude concerning the patient whose mental condition has been deemed to be chronic.

THE "CONTINUED TREATMENT" WARDS in the mental hospitals of this country house many thousands of patients. They are all too frequently wards of regression rather than of treatment because the institutions do not have big enough staffs to provide for patients newly received and at the same time carry out an effective treatment program for the many thousands of chronic patients who use at least 75 per cent of the beds in any state hospital. Persons concerned with clinical programs have been hoping for many years to have enough psychiatrists, psychologists, social workers and rehabilitation personnel to make all the accepted treatment techniques available for all patients. But the hope has been in vain and hospital staffs have compromised by giving to new patients practically all their resources.

Yet patients who need continued treatment should not be deprived of effective help simply because the best help for them is not available. A program of satisfactory custody is not enough. Living in crowded quarters, eating monotonous food, being poorly groomed, wearing clothes almost identical to those of others in large groups and existing with little or no interesting activity programs — inevitably this accustoms a patient to a very low cultural and social life and thus provides a compelling opportunity for his already weakened ego to sink further into a state of disintegration, withdrawal and, finally, vegetation. Certainly the patient must feel emotionally abandoned and lost.

Such patients are in large measure the persons for whom acute treatment was unsuccessful and who, after years of living in a mental hospital, are described in the progress notes (sic!) as "flattened out" or "burned out" or "regressed" or "deteriorated." The author believes that much of this disintegration is directly due to the environment in the average "continued treatment" ward of our mental hospitals, and is in very considerable measure reversible. The professional leadership provided by those disciplines that are represented on the hospital staff but are in short supply must be utilized in a new and continuing framework to prevent this condition and to accomplish all possible rehabilitation of those patients already regressed because of environment and clinical neglect.

"Total push" is not a new concept. Great effort has gone into solving the problem of how to effectively treat the chronically ill patient.[1-7] However, what perhaps has been lacking in the past is the implementation of the techniques on all wards on a continuing basis. In other words, the research has been fruitful but its practical application in terms of maximum results with a minimum staff has not yet been forthcoming to a significant degree.

The suggestions that follow do not embrace anything particularly new to hospital psychiatry or institutional practice. They are an extension and increased emphasis upon present-day techniques that are well established and quite generally practiced in the acute areas of most hospitals. As applied to continued treatment or chronic areas they will be universally successful provided certain all-important and primary concepts are accepted and practiced. It is recognized that the professional staffs of the hospitals will need to spend many hours conferring and planning, checking, changing and improving, but it must be said that this process itself is highly educational and integrative for the staff, and that not only does the patient benefit immeasurably, but so does the staff, because it feels less frustrated, less overwhelmed and recognizes that its knowledge is radiated in such a way as to be useful to much larger numbers of patients than can be individually treated. Most important of all techniques in the approach to be described is *attitude*.

Leadership personnel of the hospital, and this

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includes the nursing and supervising personnel, must be interested in providing treatment for *all* the patients and must feel certain that the policy of the hospital administration is patient-centered and founded upon the hope and belief that all the patients can be fruitfully treated. Treatability is the crux of the matter because much of the success of such a program depends upon a hopeful attitude. It may take a year or two in an average hospital to effect a demonstrable impact upon the patients' welfare because attitudes are not easily changed and old ways are cherished, and because the whole hospital must have a sense of high purpose, a dedication to the proposition that no patient can be considered hopeless until he is dead.

Assuming that the institutional leadership has determined upon a practical integrated hospital-wide treatment program, and has begun to instill the attitudes expressed above, what is the next step? It is to perfect integrated teamwork throughout the institution. Groups functioning together for specific purposes do not just happen because someone wills it. Group dynamics indicate that effective teams have to be built for a definite purpose and with an understood philosophy. This means working together, each member contributing the skills he has within a well-defined and understandable continuing treatment program.

While teamwork is in itself not a new concept, its planned and continuing use on each ward of most hospitals is still in its infancy. Doctors, psychologists and social workers have worked in the teamwork situation in mental hygiene clinics and in the acute section of mental hospitals for years, and it is an extension and amplification of this concept that is basic in a treatment program for chronic patients.

Early in the construction and operation of the team it is not uncommon to find that some members of one or another of the represented professional groups do not know how to separate from their skills those things that can be done by others who have not had similar educational opportunities. There are, in fact, many skills in dealing with patients that can be taught to others and used under adequate supervision and leadership and that will greatly benefit patients.

Sometimes a state of tension develops in the relationships of psychiatrists, psychologists and social workers who work together. Occasionally a psychiatrist will feel that a psychologist or social worker is attempting to do things that are within the province of the psychiatrist. The same attitude is frequent, of course, in all disciplines. Teamwork definitely diminishes these tensions. It is readily apparent to all that a tremendous job has to be done and that since there are few people to do it, there is a compelling need for communication of some skills to others who have had less professional training, but always under competent supervision.

THE PSYCHIATRIST AS TEAM TEACHER

It is imperative to extend the teamwork concept beyond the three disciplines just mentioned to include rehabilitation therapists, psychiatric nurses and psychiatric technicians. The last three disciplines mentioned are the real key to program success or failure. The psychiatric technicians are the least intensively trained of all those who come in contact with patients. They are, however, the ones who spend the most time with patients. Therefore, the technicians must become part of the team in fact as well as in name. To be effective in treatment, all these disciplines must derive their leadership and supervision from a competent psychiatrist, who, by virtue of his leadership, is able to disseminate his skills and knowledge to a remarkable extent. He must necessarily develop the art of communication to such a degree that he can be understood by all his teammates.

Most psychiatrists are capable of effective leadership of this type if they are motivated to develop it. The leader will soon find that in sharing his skills and encouraging the other members of the team to do likewise, he has become a first-rate teacher utilizing discussion and group conference.

Many psychiatric technicians have not had an opportunity to function in a treatment situation beyond the traditional role of "attendant"—a word whose very meaning implies passivity. They have worked in a world bounded by daily routine and lock and key. It admittedly takes time, patience, and enthusiasm to give this group the desire and the ability to work in a treatment team, but such is the alchemy of group dynamics that the reorientation is accomplished and new skills acquired. Many psychiatric technicians, however, because of the old role they have played and because of the fact that they have had little or no training over the years, feel inadequate to the new function expected of them and become anxious. This initial difficulty is quickly overcome by a good leader-psychiatrist. The psychiatric technician becomes pleased by his new role and subsequently becomes caught up by the positive and hopeful group attitude.

However, as time goes on he is required to learn and *do* more and more with patients, and there comes a point where he is in more acute conflict between his new functions and those that have been traditional. Somehow the ward looks a little less ship-shape, and there is a relaxed atmosphere about the place that tends to be disturbing. The patients are more difficult because it has been found that patients once almost immobile become active and

sometimes hostile as they begin to improve. It is at this point that leadership and teamwork are of crucial importance. Anxieties must be reduced, discouragement talked through, and patients' behavior interpreted. Once the psychiatric technician has gotten over this hurdle, he is indeed a team member.

Rehabilitation therapists (occupational therapists, recreational therapists, musical therapists and librarians) are for the most part accustomed to working with relatively small groups of patients in a somewhat structured program usually within the four walls of the same room. When asked to take their skills to very large numbers of patients and from ward to ward, many are worried at the prospect and need reassurance and teamwork training. They must learn, like other members of the treatment group, to adapt their techniques to large groups and to help the psychiatric technician acquire definite skills so that the activity program will be continuous. The rehabilitation therapist is of really great importance in the team because he is in large part the medium through which the patient is coaxed into closer touch with reality through remotivation and improved interpersonal relationship. The sequence of this approach is to help the patient acquire a relationship with one of the team personnel, then with another patient, and later with a group of patients, thus bringing the patient gradually into an ability to live once more in a social group. The structure and integrated motivation of the group are all-important.

The special training of psychiatric nurses makes them invaluable, not only in working with patients, but in the training of psychiatric technicians by setting the tone and giving more therapeutic meaning to the whole of the patient's ward life.

Special mention should be made of the part that psychiatric social workers play in the scheme of things. Many of the hospital personnel need greater understanding of the functions of a psychiatric social worker. A program of this type offers an excellent opportunity for interpretation. This professional group plays an important part in interpreting to patients' relatives what is being done for the patient so that indifference on the part of relatives will give way to a more hopeful and constructive attitude toward placement of the patient in a home. Many patients will need special placement, perhaps in a "family care home" or in a job. All this is extremely important in properly handling the end result of the program.

ON-THE-JOB TRAINING FOR TEAM

The training and integration of the treatment team are best undertaken on the job. This means the consideration of the needs of each patient on the ward. Talking about patients gives the leader excellent opportunity to encourage the expressing of attitudes directed toward individual patients and also provides the logical material for seminar discussions. The leader will be pleased at the rapidity of growth of constructive interest, particularly by the psychiatric technicians.

Activities that need to be devised are calculated to motivate the patient in the direction of or reintegration with, at best, community placement; at least, better hospital citizenship. The patient must be encouraged in every way possible to improve his interest and function in the small everyday business of living: Eating, shaving, bathing, dressing, care of the hair, shoe-care, attention to fingernails, and so forth. This list seems unimpressive, but it is astonishing what careful attention along these lines will do for the patient. An excellent article by Alfred W. Deibel, "Caring for the Mentally Ill in a Democratic Setting," described a habit-training approach which supports the grossly weakened ego and provides a vehicle for demonstrating to the patient that everyone is interested in him as a person, that improvement is possible and expected. Obviously the interest and the enthusiasm of the psychiatric technician in the individual patient is the key. Another very valuable technique is to get the patient to read to a group or to join in responsive reading. This reading technique takes a great deal of time and patience, but in a study conducted at the Stockton State Hospital it was found to be very effective.

Space does not permit a detailed account of each treatment method that can be utilized. Human ingenuity with strong motivation can be depended upon to provide all sorts of group activities. However, one approach that deserves special mention is one of the many group therapy techniques: The group is led by a patient (but supervised by a psychiatrist who sits in as consultant) in a discussion of general mental health and also in special problems presented by individual patients. A tape recorder is utilized and after the session is over the contents are played back to the group. The effect upon the patient of hearing what he has said is frequently remarkable. Curiously, he often develops some insight into the fact that his delusions and hallucinations sound very strange and unbelievable when he hears his own voice telling about them. His reactions to these symptoms tend to diminish in intensity.

At Stockton it was found wise to assign small groups of patients to individual technicians in order to be sure that all patients were being worked with. A ratio of one nursing service employee to every 2.1 patients was maintained in order to be sure that the program would not suffer because of inadequate ward personnel. It is believed that this heavy staffing can be considerably modified by further trial, and experiments are now being carried out at two

other hospitals in order to arrive at figures which will give maximum results at a minimum cost. Good results can be obtained even when dealing with patients who seemingly are pretty hopelessly ill. True, many of them will not leave the hospital, but for those who do, it is a great victory, and for those who do not, their stay in the hospital continues to be more profitable for themselves and often more helpful to the institution.

Obviously no institution can institute a program such as this in all wards at the same time. It has to begin by training a team on a ward or two and then by spreading gradually as the integrated team is able to circulate its attitudes and methods to other teams. The professional members of the team become members of several ward teams. It is very important, however, to recognize that this particular approach will only be successful if it becomes a continuing part of everyday hospital care. The methods sketched here, backed by an optimistic attitude, will improve the therapeutic approach even in situations where there is not sufficient staff to do the whole job.

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Expresses Views on Fee-Splitting Publicity

AN EXCELLENT, down-to-earth article, written by Dr. Stanley S. Truman, past-president of the American Academy of General Practice, and expressing his views on the furor and publicity attendant on the *Collier's* story of October 30, appears in the December issue of *GP*, the academy's publication. If you have access to this journal, Dr. Truman's article is well worth reading.

—A.M.A. Secretary's Letter

Hexamethonium and Hydralazine Hydrochloride

For Treatment of Hypertension

LAURENCE J. STUPPY, M.D., Los Angeles

• Twenty-one patients have been treated for hypertension with oral doses of hexamethonium salts, Apresoline® or combinations of both. Three of 18 patients had good or excellent response to hexamethonium alone. Five of 13 treated with hexamethonium salts plus Apresoline had good or excellent results, as did 8 of 14 treated with Apresoline alone. The addition of very small doses of hexamethonium chloride to optimal doses of Apresoline improved the effect of the Apresoline in three patients. Postural hypotension and constipation due to hexamethonium were the most serious undesirable effects.

TWENTY-ONE PATIENTS were treated for hypertension with oral administration of hexamethonium salts, hydralazine hydrochloride (Apresoline®) * or combinations of both at the outpatient clinic of Cedars of Lebanon Hospital in a period of 20 months.

Patients returned weekly to the clinic. At each visit a general medical examination was made, symptoms were recorded, dosage schedules were prescribed, and sufficient medicine was dispensed. Blood pressure was determined, and almost invariably was found to be lowest on standing, intermediate on sitting, and highest on lying down. Treatment increased these differences.

Patients were warned of the possible postural hypotensive effects of the hexamethonium salts. They were advised that if the medicines did not seem to agree with them they should stop treatment. If they reported postural hypotension they were advised to discontinue the drug for several doses and then resume it. Early experiences indicated that it was unwise for a patient to take a double dose to make up for a preceding dose which had been omitted, as this practice resulted several times in hypotensive syncope. Patients were instructed to keep their bowels moving daily by appropriate means.

During control periods patients took only sedatives, vitamins, laxatives or hormones. For a time placebo tablets were available, identical in appearance to tablets of hexamethonium chloride. For a period of several months patients under study were given trials of treatment with either aminophyllin, mannitol hexanitrate or potassium thiocyanate. These control periods permitted valuable comparison, and it was observed that (with the possible exception of potassium thiocyanate) the hexamethonium salts and Apresoline had far greater hypotensive effect than these other drugs or the placebos. In two patients such good results were obtained with potassium thiocyanate, supplemented later with small doses of hexamethonium chloride, that this combination was continued for them.

From Cardiac Clinic, Cedars of Lebanon Hospital, Los Angeles.

Presented as part of a Symposium on Hypotensive Drugs presented before the Section on General Medicine at the 82nd Annual Session of the California Medical Association, Los Angeles, May 24-28, 1952.

* Hexamethonium chloride and bromide used in this study was provided by Burroughs Wellcome & Co. (Hexameton®), by Warner-Chilcott Laboratories (Methium®), and by Ciba Pharmaceutical Products, Inc. (Esomid®). Apresoline® was provided by Ciba Pharmaceutical Products, Inc.

The first drug tried was hexamethonium bromide in 500 mg. tablets. Some patients had prompt reduction of blood pressure, but sudden postural hypotensive reactions were frequent. Subsequent experience indicated that these reactions were due in part to overdosage in single tablets. When hexamethonium chloride was administered in tablets of 250 mg., reactions were less frequent. In patients under treatment with hexamethonium bromide the content of bromide in the blood eventually rose to 50 to 100 mg. per 100 cc. The bromide salt was therefore discontinued as soon as the chloride was available. The chloride compound was somewhat less effective in reducing blood pressure than the bromide salt, probably because the sedative action of the bromide was not present.

Results from treatment with hexamethonium salts alone were not very satisfactory. They were tried in 18 cases. Only one patient was greatly helped, with reduction in blood pressure of 60-70 mm. systolic and 40-50 mm. diastolic (she had already undergone sympathectomy). Two others had reductions in blood pressure of 35 to 50 mm. systolic and 10 to 15 mm. diastolic. These three patients had been treated with 1,000 to 1,500 mg. of hexamethonium chloride daily. Seven others of the 18 had some reduction of blood pressure without excessive undesirable effects. Eight patients had poor response to even high doses or could not tolerate the drug. One of the greatest difficulties with the drug was the irregularity of response. Patients might have no

reduction of blood pressure one day, and then have severe postural hypotension the day following. When the drug was discontinued for 24 hours after hypotensive reactions, the blood pressure might promptly return to former high levels. Constipation was a distressing effect in every case treated with hexamethonium salts. Other complaints mentioned were nausea, dry mouth, increased prostatic obstruction and blurred vision.

Following the report of Schroeder,[6] study was made of the combined hypotensive effect of hexamethonium chloride and Apresoline. Treatment was begun with hexamethonium chloride, and then Apresoline was added. Apresoline had a stabilizing influence upon the effect of hexamethonium chloride when the two drugs were administered simultaneously, in that postural hypotension did not occur. Greater reduction in diastolic blood pressure was achieved with the combination. At first relatively large doses of hexamethonium and small doses of Apresoline were prescribed. Results in several cases were encouraging, and it appeared that with patience a satisfactory result would be obtained in more. However, constipation became increasingly severe. Patients smelled highly of feces, although they could not detect this. Large daily doses of laxatives were required. As the proportional dose of Apresoline was increased and that of hexamethonium decreased, results improved and constipation became less severe. Five of 13 patients had reductions in blood pressure of 40 to 60 mm. systolic and 25 to 40 mm. diastolic.

Apresoline alone has resulted in very satisfactory reductions in blood pressure.[7] Eight of 14 patients had reductions of 30 to 90 mm. systolic and 15 to 55 mm. diastolic without undesirable effects. Apresoline was given in doses of 10 mg. which were increased slowly for a daily total of 100 to 600 mg. Palpitation and slight tachycardia were the most frequent undesirable reactions; others were nausea, vomiting and headache. These were less serious if the dosage was increased slowly enough or was temporarily reduced. Three patients in whom blood pressure was well reduced by 400 to 600 mg. daily doses of Apresoline have had further improvement with added dosage of 10 to 250 mg. of hexamethonium chloride per day in a convenient liquid preparation (Esomid®) containing 250 mg. of the drug per teaspoon and prescribed by the drop.

Of the 21 patients in the group studied, 4 were younger than fifty years old, 8 were between fifty and sixty years of age, 7 between sixty and seventy, and 2 over seventy. There were four men and 17 women. Three men had unsatisfactory results from treatment. The fourth was one of three patients who responded well to treatment although sympathectomy had been done previously without satisfactory improvement.

TABLE 1.—*Results from treatment of 21 patients with hexamethonium, Apresoline,® and combined doses.*

Drugs Used	Number Cases—Results				
	Poor	Fair	Good	Excellent	Total
Hexamethonium	8	7	2	1	18
Hexamethonium and Apresoline*	5	3	3	2	13
Apresoline	5	1	4	4	14

* Hydralazine hydrochloride.

Uncomplicated benign essential hypertension was the diagnosis for 18 of the patients; of the other three, two had hypertension with unilateral renal disease and one had had nephrectomy for pyelonephritis. In none of the latter three were good results obtained, although renal failure did not occur. Of those patients with essential hypertension, two had had cerebrovascular thromboses, and both had good results from treatment.

Electrocardiographic tracings were normal for all patients or indicated some degree of left ventricular hypertrophy and strain. None of the patients had clinically recognized myocardial infarction or congestive heart failure. Only one patient took digitalis, perhaps not necessarily but because treatment had been established. No mercurial diuretics were required for any of these patients.

Better results were obtained with both Apresoline and hexamethonium, singly or in combination, when the salt intake was restricted. The extent of restriction would seem to be a matter of trial, although a fairly low limit should be maintained while optimum dosage is being determined.

Several patients complained of weakness on lowering of blood pressure but this feeling was relieved as treatment continued. Relief and subjective satisfaction were observed when reduction in pressure was reported to the patients.

It must be emphasized that all patients included in this study were treated as outpatients at a free clinic. Treatment was entirely by oral medication. Patients could be observed only at weekly or longer intervals, and there was not the same opportunity for patients to telephone the physician for additional instructions as in private practice. Therefore the results of treatment with hexamethonium in this study may be less favorable than results given in other reports which have dealt with the parenteral administration of hexamethonium, or with cases of patients hospitalized for treatment.[1,2,3-6,8,9] One exception is the report of Moyer and co-workers,[3] who treated 58 hypertensive outpatients, including 40 clinic patients, with oral administration of hexamethonium chloride and reported excellent results. Dosages of hexamethonium used by them were

higher on the average than those administered in this study, and more attention was given to the timing of doses throughout the day. The blood pressure of their patients was checked by nurses before and after each visit with the physician. Patients may have felt greater confidence in the treatment program because of the closer supervision of an organized medical team. The unfavorable results with hexamethonium treatment reported in that study were due not to ineffectiveness of hexamethonium as a hypotensive agent but to undesirable side reactions and postural hypotension. In contrast to the experience of Moyer and co-workers with Apresoline, results with Apresoline in the study here reported were favorable and comparable to those reported by Schroeder.

Only after continued trial can it be determined whether Apresoline and hexamethonium can reduce the incidence of diseases of the heart and the blood vessels. If reduction of blood pressure reduces vascular complications and prolongs life, then some discomfort from side effects, including constipation, should be acceptable to the patients.

1908 Wilshire Boulevard.

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Rentals from Film Library Set Record

THE A.M.A. COMMITTEE on Medical Motion Pictures reports that it loaned 2,273 films to medical societies, medical schools, hospitals and other scientific groups during 1953. This represents an increase of 185 over the previous year and a 45 per cent increase over 1951.

—A.M.A. Secretary's Letter

Beyond the Surgeon's Skill

ROGER W. BARNES, M.D., Los Angeles

• The scientific attainments of medical science have advanced greatly in this generation. The art of the practice of medicine has not kept pace. The kindly spirit, unselfish service, and spiritual uplift which were characteristic of most physicians in the "horse-and-buggy days" are needed more today than they were a generation ago. A combination of medical science and spiritual counseling will do much to relieve the sufferings of mind and body. The personal physician-patient relationship and the building up of the patient's confidence in his physician are a most important aspect of the physician's duty. A belief in God and a knowledge of the availability of help from above is of great benefit to both physician and patient.

COMPARED WITH THAT of present day surgeons, the surgical skill of our grandfathers was crude indeed. The advances of scientific medicine during the last half century have put into our hands techniques, drugs and equipment which, when properly used, save hundreds of lives and relieve untold suffering.

But has the art of medical practice kept pace with the scientific attainments of the profession? How many practitioners will make a house call at 3 a.m. regardless of the patient's ability to pay? Where is the kindly physician who helps solve the many non-medical problems of those who look to him for help? How many physicians today minister to the spiritual as well as the physical needs of patients?

In our intense desire to be scientifically accurate and to apply the knowledge and skill we possess, perhaps we concentrate too much on a definite disease which requires a specific treatment, and too often forget that the disease exists in a sick human being who needs sympathy, encouragement and spiritual uplift.

In the days of the "horse and buggy doctor" there was an intimate physician-patient relationship. The family doctor was a friend of everyone in the community; he was admired, loved and respected. He would spend hours on the road, only to find that his patient was a hysterical, love-sick girl whose boy-friend had married someone else. Instead of berating her for her foolishness, he would convince her how fortunate she was not to have married such a fellow —and then make no charge because he gave her no medical treatment. The physician of our grandfather's time saw more hopeless cases than we do, for he had no means by which many seriously ill patients could be saved. But he gave them hope of a future life, where the sorrows and tragedies of this world would be forever forgotten; he comforted members of the family who were left, and gave them the hope of seeing their loved ones in a better land.

There is much discussion today about preserving the personal physician-patient relationship. The regimentation of physicians and of patients into an organization for providing medical care tends to disrupt the personal contact and to inhibit the trust which every patient should have in his physician. Even in these circumstances, however, there can and should be a personal responsibility assumed by each physician for the welfare of his patient. When a physician recognizes and accepts this responsibility, he will instill into his patients that confidence which is so essential to successful treatment. In this age, when so large a proportion of the populace is enrolled in a company medical plan, a prepaid medical insurance organization or some other arrangement for group medical care, it is more important than ever that a physician show a keen interest in the welfare of his patient.

Specialization of medical care is another modern development which tends to impair the personal physician-patient relationship. When a patient is sent from one specialist to another, acquaintance usually is short and the generation of confidence difficult. The referring physician can help a great deal by his own expression of faith in the specialist, but the most potent factor in establishing a confidential relationship is the attitude of the specialist himself. It is therefore most important that the specialist not only demonstrate his knowledge of and ability to handle the patient's disease, but also that he have a genuine interest in the patient's welfare.

Religion and medicine have always been closely associated. God was this earth's first surgeon and

From the Department of Surgery (Urology), School of Medicine, College of Medical Evangelists.

Chairman's Address: Presented before the Section on Urology at the 82nd Annual Session of the California Medical Association, Los Angeles, May 24-28, 1953.

anesthetist: "And the Lord God caused a deep sleep to fall upon Adam, and he slept; and he took one of his ribs and closed up the flesh instead thereof; and the rib which the Lord God had taken from man, made he a woman and brought her unto the man." (Genesis 2:21, 22.)

It was not until many centuries later that patients were anesthetized to facilitate surgical operations, and science is just beginning to discover that specific tissues can be made to produce or grow into tissues of a different kind. God may have used natural laws which are still in force today to make the first woman from the rib of Adam.

God gave Moses instructions regarding the isolation and observation of patients who were suspected of having a contagious disease. There were regulations relating to the burning of the clothes and the cleaning of the houses of patients who had a proven contagious disease, and many other laws of sanitation and hygiene that are identical to those used today. Priests administered these public health laws in Moses' time.

Some of the rules and regulations by which the physician-priests of Greece were guided in their care of the sick were scientific while others were based upon superstition and mysticism. We criticize the Egyptian physician-priests for their use of charms, amulets, prayers and magic, forgetting that they had superstitions to deal with. Is not the modern patient who is under continual nervous tension, who is introspective and who has functional rather than organic disorders, similar in many respects to the superstitious one of ancient Egypt and Greece?

The application of true religion is the best method of overcoming functional disorders. A fundamental faith in God removes frustration, worry, fear, resentment and hate—the etiologic factors in diseases that have no organic cause. A person whose faith is firm believes that "all things work together for good to them that love the Lord." Applying this belief to his everyday life gives him hope surmounting frustration, comfort prevailing over worry, courage mastering fear, forgiveness above resentment, and love that banishes hate. From a firm belief in the guiding hand of Providence comes comfort in any calamity and a sense of acquiescence in every disappointment.

True religion also engenders a desire to help others. Jesus said, "Inasmuch as ye have done it to one of the least of these, ye have done it unto Me." There is no room for self pity in the person who follows the golden rule, doing unto others as he would wish men to do to him. Therefore true religion and functional disease are incompatible. However, many times persons who are nominally religious, who accept God as a supreme being, and who really believe they are keeping His laws, do have functional disorders; but when their innermost motives and emotions are analyzed, a deviation from the teachings of Jesus can be demonstrated. Sir William Osler, in speaking of religion said, "It will not raise the dead; it will not put in a new eye or knit a bone; but the healing power of belief has great value when carefully applied in suitable cases."

The physician who has a belief in an overruling Providence is the one best suited to treat the entire patient. There is often a functional overlay in the presence of an organic disease and best results are obtained by treating both. A patient who is mentally disturbed, tense and restless has a more stormy convalescence after operation than one who is peaceful and relaxed. A sick person who can believe there is some good reason for his being ill, will recover more rapidly than one who frets and worries, continually thinking of the malicious fate that he blames for all his trouble. A physician who emanates courage may by words and actions instill comfort and optimism into his patient. His own faith in an overruling and beneficent Providence may be so evident that the patient becomes quiet and trusting.

Faith in God and belief in a future life in a heavenly home give comfort to the patient who knows he has a disease that will probably result in death. The mental anguish of some patients who are about to enter into the unknown is much greater than their physical pain. Francis Voltaire, the noted French infidel, when he knew he was about to die, said to his physician: "I am abandoned by God and man! I will give you half of what I am worth if you will give me six months of life. Then I shall go to hell, and you will go with me." Thomas Paine, an American infidel, said these words when he was on his deathbed: "O God, what have I done to suffer so much? But there is no God! But if there should be, what will become of me hereafter? Stay with me for God's sake! Send even a child to stay with me, for it is hell to be alone! If ever the devil had an agent, I have been that one." In contrast to these valedictories of those who had no belief in God are the last words of Dwight L. Moody, the noted evangelist, who said: "I see earth receding. Heaven is opening. God is calling." Adoniram Judson, American missionary to Burma, died at sea. When he knew the end was near, he said: "I go with the gladness of a boy bounding away from school. I feel so strong in Christ." The godly physician can do much to alleviate the mental suffering of those who are about to die.

A belief in God is beneficial to the physician him-

self as well as to his patient. It will help him to think clearly and to make the right decisions; it will give him skill and good judgment. A silent prayer at a critical moment in a difficult case brings help from above; new courage and the ability to think more clearly are the immediate results.

Dwight Eisenhower recognized the value of religion and dependence upon a Higher Power in the following words: "This is what I found out about religion. It gives you courage to make the decisions you must make in a crisis and then the confidence to leave the result to a Higher Power. Only by trust in God can a man carrying responsibilities find repose."

A surgeon cannot heal the wounds he makes. The results of the surgical operations he performs are based upon the divine law of *vis conservatrix naturae*. Upon this law he confidently relies; and he is, therefore, whether he recognizes it or not, dependent upon superhuman powers to give the results he anticipates. A recognition of this higher power, and a request for its aid is expressed in *A Surgeon's Prayer*, by Herbert Parker—

Dear God!
These strong gloved fingers
Which I flex—
This human hand
Which holds the knife,
Sterile now and steady—
Need Thy guiding skill
To help another life.
Bless now this patient—
Thine and mine—
Who, under Thee, entrusts to me
A precious life!
God of the surgeon's tireless strength,
The surgeon's finite skill,
Grant that I may guided be
To do Thy will.

AMEN.

California MEDICINE

For information on preparation of manuscript, see advertising page 2

EDITORIAL

Health and Welfare Plans

SEVERAL YEARS BACK John L. Lewis, head of the United Mine Workers, hit upon a novel method of increasing wages without affecting the take-home pay of his union members. His solution was the imposition on the employers of a ten-cents-a-ton levy to provide a "health and welfare fund" for the union members. The union would then administer that fund.

Today the quotation marks may be removed from this phrase; such funds are now so common in labor negotiations that they are accepted as the general rule.

These funds have two benefits. First, they give the union member an added benefit in the form of insured coverage for his hospital, medical or surgical care, or life insurance needs. Second, the employer's contribution is not considered taxable wages to the employee, and Uncle Sam does not assess income taxes against the cash value of such benefits. Thus an indirect wage increase is negotiated.

The growth of these plans from the meager beginnings of Mr. Lewis' program has been remarkable. Within the space of a few years, labor has latched onto this means of gaining added benefits for its members and employers in non-organized industries have embraced this method of improving employee relationships.

Today the pattern is for the employer to meet the cost of health and welfare plans entirely out of his own pocket, with the employee assuming no financial obligation.

The extent to which these plans have grown is indicated in a report made several months ago to the Western Conference of Employers Associations. This report is both analytical and critical; regardless of its various findings, it focuses attention on the overall problem faced by employers, whether from a selfish interest or an interest in the well-being of their employees.

One of the more startling findings of this report is the fact that more than 90 per cent of the office workers in the San Francisco Bay area are covered by some sort of group welfare plan. As of two years ago, nearly seven and one-half million persons in California were covered by such plans.

In the short space of four years, on a nationwide basis, temporary disability coverage increased 90 per cent. Hospital coverage went up 60 per cent in the same period and surgical expense coverage gained 86 per cent. Medical expense coverage lagged with a gain of only 32 per cent. These figures cover the 1948-1951 period, and undoubtedly further increases have taken place in the past two years.

The Bureau of Labor Statistics showed an increase from 1,500,000 workers in 1947 to 7,500,000 in 1950 covered by some form of negotiated group welfare plan.

The trend in number of employees covered by these plans is matched by the trend in benefits. The number covered for life insurance has increased steadily, as has the amount of insurance provided. The allowances for surgical procedures have likewise gone up, both as to numbers covered and allowances. The most common surgical ceiling two years ago was on a $300 schedule; today this figure is undergoing upward revision.

Employers who in 1949 were contributing three or four cents an hour to health and welfare plans are now paying five to seven cents or more. Again the trend is upward. From 1947 to 1950 the contributions of employers were more than doubled.

Along with these increases has come some rather sorry competition among carriers. The lure of employer-financed plans has led to various evils, among them underbidding by insurance companies. One

employee group has gone through two carriers and three rates in three years and faces another increase.

One large employer has used seven different carriers in ten years. One group of companies has had its insurance rates doubled. A large group of employees has been forced into self-insurance because its loss ratio was so high that no underwriter will now take on its plan.

In terms of administration there is also a sad story, running all the way from straight misappropriation of funds to sloppy administration and top-heavy management costs. In some cases there appears evidence of kickbacks with the acquiescence, if not exactly the approval, of the insurance companies. The report in this regard was frankly critical of management in not assuming a more active participation in the management of these funds, once they are created. It found too prevalent the attitude that once management had agreed to create the fund, it washed its hands of the administration of benefits and money. The report called for independent audits, actuarial soundness and active participation in the management of such funds by business management.

What has all of this to do with the practice of medicine? Simply this: Health and welfare funds generally cover at least part of the field of medical and surgical practice and are bound to exert an influence on the profession. Rumblings are already evident of dissatisfaction by both employers and employees with the treatment, either professional or economic, of welfare plan members by physicians.

Such dissatisfaction might lead to the imposition of ready-made fee schedules on physicians. It might take the form of a move to recruit panels of physicians to serve members of particular welfare fund groups. Either management or labor might undertake these steps. It might lead to the establishment of "health centers," staffed by paid physicians, as a means of making costs meet income.

Medicine has already heard these rumblings. In some places a start has been made in finding an answer to criticisms arising from health and welfare programs. In some places the problem has been allowed to linger and become magnified until even drastic measures will not solve it to the satisfaction of physicians.

It is certain that with the growth of health and welfare plans, additional groups are springing into being every day, each representing a pressure group. This, in turn, increases the overall pressure on the profession by bringing into play not only individuals but organized groups with capable leaders, ready to consider almost any alternative to meet the economic aspects of a given situation.

Medicine is following the time-honored formula of assessing every suggestion before attempting to make any specific therapy available for general consumption. In this instance, as in the race against certain diseases, time is of the essence. Ways to prevent or cure must be found before too many casualties occur.

California MEDICAL ASSOCIATION

NOTICES & REPORTS

Executive Committee Minutes

Tentative Draft: Minutes of the 239th Meeting of the Executive Committee of the California Medical Association, at San Francisco, December 23, 1953.

The meeting was called to order by Chairman Lum in Room 214 of the Sir Francis Drake Hotel, San Francisco, at 6:15 p.m., Wednesday, December 23, 1953.

Roll Call:

Present were President Green, President-Elect Morrison, Speaker Charnock, Council Chairman Shipman, Auditing Committee Chairman Lum, Secretary Daniels, Editor Wilbur. A quorum present and acting.

Present by invitation were legal counsel Hassard and Messrs. Hunton, Clancy and Pettis of C.M.A. staff.

1. *Audio-Digest Foundation:*

Mr. Hassard outlined the proposed articles of incorporation of Audio-Digest Foundation. This would be a non-profit corporation, wholly owned by the California Medical Association, which, after payment of taxes, would devote any net profits to the cause of medical education or other causes encompassed in the Constitution of the Association. Members of the corporation would at all times be members of the Council of the California Medical Association; trustees of the corporation would at all times be the voting members of the Executive Committee of the California Medical Association.

On motion duly made and seconded, the proposed incorporation was approved.

On motion duly made and seconded, it was voted that the chairman of the Executive Committee of the Association be at all times the president of Audio-Digest Foundation and that the secretary of the Association be at all times the secretary of the Foundation.

On motion duly made and seconded, it was voted to appoint Mr. Jerry L. Pettis as business manager of Audio-Digest Foundation.

On motion duly made and seconded, it was voted to offer to Dr. Edward C. Rosenow, Jr., the position of editor-in-chief of Audio-Digest Foundation.

On motion duly made and seconded, it was voted to advance to Audio-Digest Foundation the sum of $10,000 as a non-interest-bearing loan, this sum to come out of a maximum loan of $20,000 previously authorized by the Council.

On motion duly made and seconded, it was voted to authorize the business manager, the editor, the speaker of the C.M.A. House of Delegates and the president-elect of the C.M.A. to sign voucher checks for Audio-Digest Foundation, two signatures to be required on all voucher checks; to authorize one signature on petty cash checks in amounts of not more than $100; all signatories to be placed under surety bond for a maximum of $25,000.

On motion duly made and seconded, it was voted to adopt corporate bank resolutions authorizing the

establishment of bank accounts under terms of the required signatures noted above.

On motion duly made and seconded, it was voted to authorize the president and the secretary to execute a contract with Mr. Jerry L. Pettis, under which he would receive 10 per cent of the net profits of Audio-Digest Foundation, up to a maximum income to him of $25,000 annually, for a period of five years, such contract to be subject to review and renewal at five-year intervals for a maximum of seventeen (17) years.

2. *Basic Science Act:*

In accordance with a resolution adopted by the House of Delegates in May 1953, President Green, with the approval of the Executive Committee, named the members of the Executive Committee as members of a committee to investigate the possibilities and the advisability of considering legislation to establish a Basic Science Act in California.

There being no further business to come before it, the meeting was adjourned at 9:40 p.m.

DONALD D. LUM, M.D., *Chairman*
ALBERT C. DANIELS, M.D., *Secretary*

240th Meeting

Tentative Draft: Minutes of the 240th Meeting of the Executive Committee of the California Medical Association, San Francisco, January 13, 1954.

The meeting was called to order by Chairman Lum in Room 221 of the Sir Francis Drake Hotel, San Francisco, at 5:15 p.m., Wednesday, January 13, 1954.

Roll Call:

Present were President Green, President-elect Morrison, Council Chairman Shipman, Speaker Charnock, Auditing Committee Chairman Lum and Editor Wilbur. Absent for cause, Secretary Daniels, ex-officio.

Present by invitation were Messrs. Hunton, Thomas and Gillette of C.M.A. staff, Dr. Karl M. Bowman of the Langley Porter Clinic, Dr. Charles E. Smith, dean of the School of Public Health of University of California, Dr. James C. Malcolm, health officer of Alameda County and president of the California Conference of Local Health Officers, and Drs. Leslie Magoon, Ralph Teall and Henry Gibbons III, members of the executive committee of the Medical Services Commission.

1. *Psychiatric Center for UCLA:*

Dr. Bowman described the Langley Porter Clinic in San Francisco as a 97-bed hospital which serves as a teaching center for medical students, nurses, psychiatric social workers and others. Its physical property is separate from the medical school of University of California, although it functions as a part of that school, among other functions.

Dr. Bowman then described the psychiatric center envisioned for the medical school at University of California at Los Angeles. This is planned as a 257-bed institution, to be housed in a separate building but connected by a passageway with the UCLA Medical School hospital and utilizing the food, laundry, heating and other central services of that hospital. It would provide beds for treating adult, adolescent and juvenile cases and would provide teaching material for training physicians, psychiatrists and all allied technical personnel.

The State Department of Mental Hygiene, as an eligible state department to build such a structure, has agreed to build this hospital and operate it under a joint arrangement with the medical school if funds for its construction are provided. Dr. Norman Q. Brill has been selected as medical director and there are two other professors of psychiatry on the school staff.

Dr. Bowman stated that a budget request of approximately $5,000,000 had been made by the Department of Mental Hygiene for construction of this proposed hospital. This request has apparently been approved by the Governor and the Finance Department but Dr. Bowman feared that an economy movement in the Legislature might endanger this request. He asked the Association to use its influence in retaining this item in the budget, which is subject to approval by the Legislature in its March 1954 session.

On motion duly made and seconded, it was voted to ask Dr. Dwight H. Murray, legislative chairman, to seek further information on this item, so that the Council may consider it at its next meeting.

2. *Training of Public Health Officers:*

Dr. Charles E. Smith discussed the need of training additional public health officers. One year of academic training is required for this purpose and in past years most of those in training have been supported by fellowships from trust funds. Such fellowships are now disappearing and, while there are promising men desirous of undertaking this training, funds are needed for their support during one academic year of nine months. The State Board of Health has heretofore had a fund of about $140,000 annually to provide maintenance for these trainees and their families during the academic year; allowances of not more than $400 a month, depending on family and other obligations, have been given these trainees from this fund. The budget allowance has now been discontinued.

Not only public health physicians but technicians, nurses and sanitarians have been aided by this fund.

At present there are 70 students at the School of Public Health in Berkeley, 12 of them receiving assistance from the training fund.

Dr. Smith asked that the Association support the request of the State Board of Health to restore this item to the state budget. It was agreed to place this request before the Council at its next meeting.

3. *Public Policy and Legislation:*

Dr. Green presented a resolution which has been adopted by several state medical associations in neighboring states, relative to action by the American Medical Association on proposals for extension of the federal Social Security Act to be made to the Congress. On motion duly made and seconded, it was voted to take no action on this resolution at this time.

4. *Medical Services Commission:*

(a) Discussion was held on several tape recordings proposed for presentation before county medical societies. On motion duly made and seconded, it was voted to approve a tape entitled "Doctors Speak to Doctors" and an accompanying tape or oral presentation by Mr. Rollen Waterson. If desired, the third tape, entitled "Usual Fee Indemnity Plan," narrated by Dr. Ralph Teall, is to follow the others.

(b) On motion duly made and seconded, it was voted to accept with regret the resignation of Dr. Edward C. Rosenow, Jr., as a member of the Medical Services Commission and to express to him the sincere thanks of the Association for his valuable services.

Adjournment:

There being no further business to come before it, the meeting adjourned at 10:30.

DONALD D. LUM, M.D., *Chairman*
DWIGHT L. WILBUR, *Acting Secretary*

Medical Dates Bulletin

THIS BULLETIN of the dates of postgraduate education assemblies and the meetings of various medical organizations in California is supplied by the Committee on Postgraduate Activities of the California Medical Association.

MARCH

Alumni Committee Children's Hospital, one-day seminar, San Francisco, March 20.

California Medical Association Institute for San Joaquin Valley Counties, Fresno, March 4-5.

California Medical Association Institute for West Coast Counties, Santa Barbara, March 18-19.

APRIL

California Medical Association Institute for Sacramento Valley Counties, Sacramento, April 15-16.

Alumni Committee, Children's Hospital, one-day seminar, San Francisco, April 24.

California Medical Association Institute for Southern Counties, Palm Springs, April 22-23.

MAY

California Medical Association Convention, Los Angeles, May 9-13.

Clifford Sweet Lectureship, Children's Hospital of the East Bay, Oakland, May 26-28.

JUNE

American Medical Association, Annual Session, 1954, San Francisco, June 21-25.

American Geriatrics Society, San Francisco, June 17-19.

OCTOBER

California Society of Internal Medicine, Yosemite National Park, October 2.

California Academy of General Practice, Sixth Annual Scientific Assembly, Los Angeles, October 24, 25, 26, 27.

George Henry Kress

THE LONG AND DISTINGUISHED CAREER of Dr. George Henry Kress came to its end on January 18, 1954. He retained his vigorous health, his boundless energy and his keen and active mentality until he was stricken by coronary artery thrombosis three days before he died at the California Lutheran Hospital in Los Angeles where he had been a staff member for fifty years.

Dr. Kress was born on December 23, 1874, in Cincinnati, Ohio, of German descent. He attended Hughes High School and the University of Ohio where he received the Bachelor of Science degree in 1896. His medical degree was conferred by the medical department of the University of Cincinnati in 1899. He was resident physician at the Good Samaritan Hospital in Cincinnati in 1899 and 1900 and assistant surgeon at the National Soldiers' Home at Dayton, Ohio, from 1900 to 1903.

On June 16, 1903, during a driving rainstorm, he was married to Miss Elizabeth Hamilton Hill whom he met at the University of Cincinnati. Although the rain disrupted plans for an outdoor reception and drove the guests indoors for champagne and wedding cake, the weeping skies were far from prophetic. George and his charming Betty, who survives him, were a devoted couple with a host of friends. They observed their golden wedding anniversary last June.

Dr. Kress and his bride moved to Los Angeles in June 1903, soon after the ceremony. He entered general practice, but devoted a large part of his time to tuberculosis, both to improving the care given to hospitalized patients and to the preventive aspects of the disease. In this work he was associated with Dr. Frank M. Pottenger, Sr., another distinguished pioneer in the field of tuberculosis who is still actively engaged in practice. For his work and writings on tuberculosis, Dr. Kress was awarded gold and silver medals in 1908 by the International Tuberculosis Congress. He was president of both the Los Angeles and California Associations for the Study and Prevention of Tuberculosis and for several years edited the latter's Bulletin.

Throughout his life Dr. Kress was deeply interested in medical education. In 1905 he became secretary to the faculty of the University of Southern California School of Medicine and was also professor of hygiene. He continued in this capacity when the school became the Los Angeles Department of the College of Medicine of the University of California. He served as dean from 1914 to 1938. At the time of his death, he was the only surviving trustee of its holding corporation. Through his efforts the Barlow Medical Library was transferred to the Los Angeles County Medical Association. In 1910 he published a volume entitled "The Medical Profession of Southern California."

Dr. Kress became interested in ophthalmology and otolaryngology and for a number of years was associated with the late H. Bert Ellis, M.D., a distinguished surgeon who had contributed greatly to the welfare of the county, state and national medical organizations. Perhaps influenced by Dr. Ellis, Dr. Kress accepted the secretaryship of the Los Angeles County Medical Association in 1908. He found it a stagnant and listless organization. When he resigned the office in 1918, the society had become vigorous, well organized and well on the way to its present size, efficiency and usefulness. He was an Army medical officer in World War I.

In 1907 he was elected to the Council of the California Medical Association, on which he served for 39 years. He became president in 1916 and at the time of his death was the senior living past president. Much later, in 1938, he was elected president of the Los Angeles County Medical Association. He resigned this post in mid-year to become secretary of the California Medical Association. He served in this capacity until 1946, when he was chosen Honorary Historian and requested to write a history of the organization. He was actively occupied with this task at the time of his death. He had compiled a large amount of material which will require editing and final writing.

The tireless energy and enthusiasm which Dr. Kress brought to every task he undertook was one of his characteristics. He was chairman in 1910 of the California State Tuberculosis Commission which made possible a state bureau of tuberculosis and state subsidies to county hospitals. He served many years as a member of the California State Board of Health under two governors.

He was editor of *California and Western Medicine* from 1927 to 1946, and from 1946 on he was editor emeritus of CALIFORNIA MEDICINE. He was vice-president, 1919-1920, of the American Medical Association and a member of its House of Delegates. For more than 25 years he was a member of the executive board of the Los Angeles County Hospital where he played no small part in keeping the institution's standards at an enviable level and in designing the acute unit which was completed in 1933. He served about 35 years as a member of the attending staff, at first in tuberculosis and later in the department of ophthalmology. He was professor and professor emeritus of ophthalmology at the College of Medical Evangelists.

For these and his many other contributions to human welfare, to medical art and science, to the dissemination of medical knowledge to profession and public alike, and to medical organizations, he was made an honorary member of the Los Angeles County Medical Association in 1947.

One of Dr. Kress' great interests was his fraternity, Sigma Alpha Epsilon, to which he rendered such distinguished service throughout his lifetime that in 1946 he was awarded its highest honor—election to the office of Honorary Supreme Eminent Archon. His medical fraternity was Phi Rho Sigma, whose official journal he had edited in recent years. He was a member of the University Club, Authors, Uplifters, Scribes, and Historical Society, all of Los Angeles, and of the Family in San Francisco. He was a Mason and member of the Scottish Rite and Shrine.

Dr. Kress loved life and lived it with all of his abundant vigor. He was never too busy to lend a helping hand to any worthy cause or to oppose any bad one. He sought no honors and if he accepted any office it was only that he might thereby accomplish some objective. His cordiality and his genial good nature will be remembered as long as any live who knew him. Humanitarian, consecrated physician and loyal friend—this old world has need of many like George Kress.

E. T. REMMEN, M.D.

In Memoriam

ASH, RACHEL L. Died in San Francisco, November 22, 1953, aged 86. Graduate of the University of California Medical School, Berkeley-San Francisco, 1899. Licensed in California in 1900. Doctor Ash was a retired member of the San Francisco Medical Society.

✤

BAIRD, CHARLES G. Died in San Francisco, December 4, 1953, aged 67. Graduate of St. Louis University School of Medicine, Missouri, 1912. Licensed in California in 1927. Doctor Baird was an associate member of the San Francisco Medical Society.

✤

BOOTH, WILLIAM T. Died January 23, 1954, aged 48, in an airplane crash near Bonita, California. Graduate of Emory University School of Medicine, Emory University, Georgia, 1930. Licensed in California in 1937. Doctor Booth was a member of the San Diego County Medical Society.

✤

BROWNFIELD, WILLIAM H. Died in Los Angeles, February 1, 1954, aged 64. Graduate of St. Louis University School of Medicine, Missouri, 1913. Licensed in California in 1914. Doctor Brownfield was a member of the Los Angeles County Medical Association.

✤

CAMERON, VIRGIL L. Died in Los Angeles, January 1, 1954, aged 52. Graduate of the University of Oregon Medical School, Portland, 1927. Licensed in California in 1933. Doctor Cameron was a member of the Los Angeles County Medical Association.

✤

GERMANN, ALBERT C. Died in Los Angeles, January 29, 1954, aged 69. Graduate of the College of Physicians and Surgeons, Los Angeles, 1915. Licensed in California in 1915. Doctor Germann was a member of the Los Angeles County Medical Association.

✤

ROSBURG, AUGUST H. Died in San Francisco, November 30, 1953, aged 71. Graduate of Rush Medical College, Chicago, Illinois, 1912. Licensed in California in 1912. Doctor Rosburg was a member of the San Francisco Medical Society.

NEWS & NOTES

NATIONAL • STATE • COUNTY

LOS ANGELES

The spring session of the **American Academy of Pediatrics** will be held at the Biltmore Hotel, Los Angeles, April 5-7, 1954.

* * *

At a recent meeting of the **Los Angeles Society of Allergy** the following officers were elected: president, Dr. Ben C. Eisenberg, Beverly Hills; vice-president, Dr. Walter R. MacLaren, Pasadena; secretary-treasurer, Dr. A. M. Targow, Los Angeles.

* * *

Dr. W. G. Durnin was installed as president of the **Long Beach Branch of the Los Angeles County Medical Association** at a dinner meeting of the organization in January. He succeeded Dr. Malcolm Todd. Dr. Stirling Pillsbury was installed as vice-president and Dr. John C. Lundgren as secretary-treasurer.

* * *

Dr. Cyril B. Courville, head of the neurology department of the College of Medical Evangelists, has been granted $9,350 by the United Cerebral Palsy Association of Los Angeles County for support of continuing research on the effect on infants of anoxia in the prenatal period or during delivery.

* * *

Reappointment of **Dr. Justin J. Stein** to the California State Board of Medical Examiners for a term ending January 15, 1958, was announced recently by Governor Goodwin Knight.

* * *

Certificates in recognition of **five years of outstanding service** to the American Cancer Society were awarded to four Los Angeles physicians—Drs. Elmer Belt, E. M. Butt, George S. Sharp and E. D. Kremers—at the regular quarterly meeting of directors of the local branch of the society in January.

MARIN

Dr. Leo L. Stanley was elected president of the Marin County Medical Society at a recent meeting of the organization, succeeding Dr. Edward Campion. Dr. Carroll A. Russell was elected president-elect, and Dr. William B. Smith was reelected secretary-treasurer.

At the regular monthly meeting of the society held on January 28 at the Meadow Club, Fairfax, the speakers of the evening were Marin County District Attorney W. O. Weissich, Coroner Frank Keaton and Dr. John H. Manwaring. The subject was "Function of the Coroner" from legal, medical, and pathological aspects. Panel discussion followed in response to questions from the floor.

ORANGE

Dr. A. Norton Donaldson of Santa Ana was installed as president of the Orange County Medical Association at the first meeting in 1954. He succeeded Dr. Edmund F. Cain of Anaheim. Dr. Ralph E. White of Santa Ana became vice-president, and Dr. Chad M. Harwood was reelected secretary-treasurer.

SAN FRANCISCO

Dr. Byron E. Hall, associate clinical professor of medicine at Stanford University School of Medicine, has been awarded a grant of $17,460 by the United States Public Health Service to support continuation of research on the effects of chemicals on cell metabolism.

* * *

The annual meeting of the **American Gastroenterological Association** will be held June 18-19 at the Mark Hopkins Hotel, San Francisco. Interested physicians are invited to attend. Further information concerning the meeting may be obtained from the secretary of the association, Dr. H. Marvin Pollard, University Hospital, Ann Arbor, Michigan.

* * *

Election of Dr. Lelland G. Rather, associate professor of pathology at Stanford University School of Medicine, to the editorship of the **Stanford Medical Bulletin** was announced recently by Dr. Windsor Cutting, dean of the medical school. The former editor, Dr. William C. Kuzell, had resigned a short time before because of increasing demands upon his time for other professional services. Dr. Rather subsequently appointed Dr. William H. Carnes and Dr. Robert N. Hultgren as associate editors.

* * *

Two new fellowships at the Veterans Administration Hospital, San Francisco, each with a stipend of $300 a month, will begin July 1, 1954, according to recent announcement by Dr. Forrest M. Willett, chief of medical service at the hospital. One, a fellowship in cardiology, is supplied by the San Mateo County Heart Association. The other, in hematology, is under the auspices of Stanford School of Medicine and the National Institute of Health.

Appointments are to be made for one year and will be renewable for one additional year. Further information may be obtained by writing to Dr. Willett at the hospital, 42nd Avenue and Clement Street, San Francisco.

GENERAL

The Schering Award Committee has announced the beginning of the ninth consecutive annual **essay contest for medical students** in the United States and Canada. Papers may be submitted on any of three subjects: (1) The Use of Androgen Therapy in the Female; (2) The Prophylactic and Therapeutic Uses of Parenteral Antihistamines; (3) Modern Treatment of Infections and Allergic Disorders of the Eye.

For the best paper on each of these subjects, the committee will present one $500 first prize and a $250 second prize. Special citations and professionally useful gifts will also be awarded to all students who submit papers of merit.

Deadline for entry forms specifying the student's chosen title is July 1, 1954, and manuscripts must be mailed not later than October 1. Students may compete individually or cooperatively in research teams.

Information and instructions for the competition are available from Schering Corporation, 2 Broad Street, Bloomfield, New Jersey.

POSTGRADUATE EDUCATION NOTICES

UNIVERSITY OF CALIFORNIA AT LOS ANGELES

Venereal Disease Public Health Conference—April 5-9.

Three-Day Symposia: Office Otolaryngology—April 29; Office Urology—April 30; Office Proctology—May 1.

Anesthesia—May 13-14.

Techniques of Hypnosis—May 18-19.

Electrocardiography—June 2-18.

Laboratory Technicians Symposium—June 19-20.

Contact: Mrs. Margaret H. Griffith, Assistant Head of Postgraduate Instruction, Medical Extension, University of California, Los Angeles 24, California.

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

Symposium on Emergencies: Medical, Surgical, Obstetrical

Date: April 16, 17, 18 (week-end), University of California Extension Building, 540 Powell Street, San Francisco.

Course in Internal Medicine, American College of Physicians

Date: June 14 through 18, all day, University of California Extension Building, 540 Powell Street, San Francisco.

Conference on General Surgery

Date: September 13 through 17, all day, at Medical Center. This conference will be offered for the purpose of stressing the newer concepts, methods of diagnosis, treatment and techniques in surgery. Throughout the session emphasis will be placed on the diagnosis and treatment of malignant lesions. Instruction will consist of didactic periods, panel discussions, and actual operative demonstrations which will be televised from the operating room to the lecture hall. This program will be designed for general practitioners who are doing surgery. The class will be limited.

Conference on Fractures and Diseases of the Bone

Date: September 20 through 23, all day, San Francisco County Hospital. The program will cover the newer concepts, methods of diagnosis, treatment and techniques. There will be didactic lectures, panel discussions, and actual demonstrations of illustrative cases. The class will be limited.

Medicine for General Practitioners

Date: September 21 to December 7, Tuesday evenings, East Oakland Hospital, Oakland. This is a continuation course which is offered every year, with complete change of program and speakers. Class limited.

Evening Lectures in Medicine, Part 1 and Part 2

Date: September 16 through December 9, Thursday evenings, Mills Memorial Hospital, San Mateo. This is also a continuation course which will be of interest to both internists (Part 1) and to physicians in general practice (Part 2).

Symposium on Endocrine Diseases and Geriatrics

Date: October 22, 23, 24 (week-end), University of California Extension Building, 540 Powell Street, San Francisco. A review of recent developments in both fields, with suggestions for the management of patients past the age of fifty.

Microscopy (Part 1)

Date: January 14 through March 18, Thursday evenings, Medical Center.

Photomicrography (Part 2)

Date: April 1 through June 3, Thursday evenings, Medical Center. Part 2, Photomicrography, in monochrome and in color, cannot be taken without Part 1, but Part 1, Microscopy, which includes the critical use of the microscope, may be taken alone. These courses are open to any persons who are interested in the study of the topics listed above. Class limited.

Contact: Stacy R. Mettier, M.D., Head of Postgraduate Instruction, Medical Extension, University of California Medical Center, San Francisco 22, California.

COLLEGE OF MEDICAL EVANGELISTS

Gynecology (10 periods)

Date: March 24 through May 26, 1954. Wednesdays: 8:00-9:00 a.m. Tuition: $30.00. Dell D. Haughey, M.D., and Associates.

Operative Surgery (12 periods)

Date: March 24 through June 9, 1954. Hunterian Laboratory and L.A.C.G.H. Wednesdays: 9:30 a.m.-12.00. Tuition: $200.00. Harry A. Davis, M.D.

Minor Orthopedic Surgery (8 periods)

Date: April 1 through May 20, 1954. Thursdays: 8:00-9:30 p.m. Tuition: $30.00. Alonzo J. Neufeld, M.D., and Associates.

Surgical Diseases of Children (4 periods)

Date: April 6 through April 27, 1954. Tuesdays: 11:00 a.m.-12 m. Tuition: $20.00. J. Norton Nichols, M.D.

Endocrinology (8 periods)

Date: April 6 through May 25, 1954. Tuesdays: 8:00-9:30 p.m., Los Angeles County Hospital. Tuition: $30.00. Julius Bauer, M.D.

Thoracic Surgery (8 periods)

Date: April 14 through June 2, 1954. Wednesdays: 8:00-9:30 p.m., Los Angeles County Hospital. Tuition: $30.00. Lyman A. Brewer, M.D.

Diseases and Injuries of Bones and Joints (4 weeks) Full time.

Date: July 5 through 30, 1954. Dr. Taylor's office and various hospitals. Tuition: $100.00. G. Mosser Taylor, M.D., Alonzo J. Neufeld, M.D., and Associates. Unless otherwise stated or arranged, courses will be held in Osler House, corner State and Michigan Avenues.

Contact: Chairman, Section on Graduate and Postgraduate Medical Education, College of Medical Evangelists, 312 North Boyle Avenue, Los Angeles 33, California.

STANFORD UNIVERSITY SCHOOL OF MEDICINE

Ophthalmology Conference

Date: March 22 through 26, 1954. Registration will be open to physicians who limit their practice to the treatment of diseases of the eye; or eye, ear, nose and throat. Registration limited to thirty physicians. Instructors will be A. Edward Maumenee, M.D., Dohrmann K. Pischel, M.D., Jerome W. Bettman, M.D., Max Fine, M.D., Earle H. McBain, M.D., and Arthur J. Jampolsky, M.D.

Clinical Ophthalmological Conference

Date: March 20, 1954, Saturday, 9:30-3:00, Stanford Lane Hospital, 2398 Sacramento Street, San Francisco, California. *No fee.*

Contact: Lowell Rantz, M.D., 2398 Sacramento Street, San Francisco, California.

C.M.A. REGIONAL MEDICAL AND SURGICAL INSTITUTES

West Coast Counties, Santa Barbara, March 18-19, 1954.

Sacramento Valley Counties, Sacramento, April 15-16, 1954. Please note change of date for Sacramento Valley Counties Institute, from April 1-2 to April 15-16, 1954.

Southern Counties, Palm Springs, April 22-23, 1954.

Contact: C. A. Broaddus, M.D., Director, Postgraduate Activities, California Medical Association, 1036 N. Center Street, Stockton, California.

SEMINARS OF THE ALUMNI COMMITTEE OF THE CHILDREN'S HOSPITAL, SAN FRANCISCO

March 30, 1954—Acute and Chronic Infections and the Choice of Antibiotics in Treatment.

April 24, 1954—Childhood Ecology, with a discussion of physical, mental and emotional growth and development of the young child; the effects of deprivation of maternal care, and the impact of environment on the child.

A fee of $15.00 will be charged for attendance at all the seminars and those who wish to have further details or be on the mailing list for such details may write to: H. E. Thelander, M.D., Children's Hospital, 3700 California Street, San Francisco.

ORTHOPAEDIC HOSPITAL AND RANCHO LOS AMIGOS RESPIRATORY CENTER, LOS ANGELES

Care of the Poliomyelitis Patient—April 26-30. The course is designed to cover all phases of patient care and rehabilitation, including use of the respirator.

Contact: Polio Teaching Program, Orthopaedic Hospital, 2400 South Flower Street, Los Angeles 7.

C.M.A. Cancer Commission Pre-Convention Conference

LOS ANGELES—SATURDAY, MAY 8

Radiology

Conference Room 1, Biltmore Hotel

Chairman . . . . . Charles E. Duisenberg, M.D., Palo Alto
Secretary . . . . . George Jacobson, M.D., Los Angeles

DIAGNOSTIC SESSION—9:30 a.m. to Noon

Twelve diagnostic cases with histories and films will be presented. These cases have been selected to illustrate specific problems in the radiological and clinical diagnosis of cancer. Audience participation and discussion will be encouraged.

THERAPY SESSION—2:00 p.m. to 4:30 p.m.

Five cases illustrating specific therapy problems will be presented. Audience participation will be encouraged.

Pathology

Los Angeles Room, Hotel Statler

The Pre-Convention Conference on Microscopic Pathology of Tumors of the Chest will be held from 9:15 a.m. to 12 noon and from 2 to 4:30 p.m. under the chairmanship of Dr. Alvin G. Foord. Dr. Averill A. Liebow, Professor of Pathology, Yale University School of Medicine, New Haven, Connecticut, will be the moderator. Members who attend this conference are requested to register now with Dr. E. M. Hall, Tumor Tissue Registry, C.M.A. Cancer Commission, Los Angeles County Hospital, 1200 North State Street, Los Angeles 33.

6:30 p.m.—Los Angeles Room, Hotel Statler

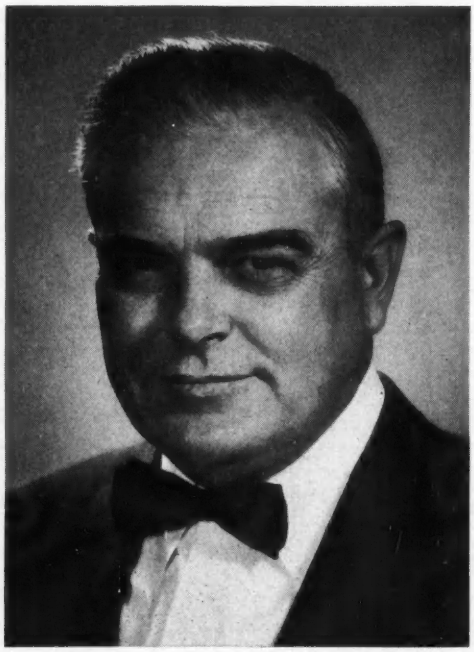
Dinner meeting of the California Society of Pathologists. Guest speaker: Averill Liebow, M.D., Professor of Pathology, Yale University. For reservations contact Paul Michael, M.D., secretary, 450 Thirtieth Street, Oakland 9.

Cancer Commission Dinner

6:00 p.m.—Conference Room 9, Biltmore Hotel

Dinner Meeting of the Cancer Commission and Advisory Committee

JOHN W. GREEN
President



ARLO A. MORRISON
President-Elect

CALIFORNIA MEDICAL ASSOCIATION

83rd Annual Session

Los Angeles, May 9-13, 1954

Scientific Sessions

Meetings of the House of Delegates

Information

BADGES. It is important that badges be worn at all times. Admission to scientific meetings is by badge only.

COUNCIL. The first meeting of the Council will be held Saturday, May 8, at 9:30 a.m., Biltmore Hotel. Further meetings will be held each morning at 7:30 a.m. in Conference Room 6, Biltmore Hotel.

DELEGATES. For a list of delegates, meeting times and places, see pages 246 to 248 of this program.

EMERGENCY CALLS AND MESSAGES. Each physician should notify his own secretary regarding the *exact* section he plans to attend and the time of his attendance. It is up to the individual physician to keep his own office staff so informed. The Association will attempt to transmit messages to the individual physician *when* these are delivered to the Information Desk, Ballroom, at the south end of the Galeria, with the information concerning the exact location of the prospective recipient of the message.

In cases of emergency, when the doctor cannot be located, the call will be referred to Emergency Call Service of the Los Angeles County Medical Association, DUnkirk 5-1581.

EXHIBITS. Technical Exhibits are in the Ballroom, Ballroom Foyer and Music Room. See list, pages 237 to 245.

Scientific Exhibits may be seen in the North and Main Galeria. See list on page 234.

Medical Motion Pictures will be shown daily in the Galeria Room.

Television will be shown in the Renaissance Room. For schedule see pages 234 and 235.

You are urged to visit and attend all exhibits.

MEETING TIMES AND PLACES. See chart on page 213 for exact times and places of general and sectional meetings.

REGISTRATION. Registration and information desks are located in the Ballroom at the south end of the Galeria of the Biltmore Hotel. *All members, guests, and visitors* are requested to register immediately on arrival. There is no charge for registration. Registration desks are open from 9:00 a.m. to 5:00 p.m. daily. *Admission to the general and section sessions and exhibit areas is by badge only.*

QUALIFICATIONS/REQUIREMENTS FOR REGISTRATION. (a) All M.D.'s with credentials showing that they hold valid license to practice medicine. (Membership card in C.M.A.; county medical society/association; or A.M.A. membership card.) (b) Medical students will be admitted upon presentation of credentials from their medical schools identifying them as medical students. A membership card of the Student American Medical Association will be sufficient. (c) Medical secretaries will be admitted upon presentation of a letter from the physician-employer. (d) Pharmacist mates and other military personnel of a like grade will be admitted upon presentation of a letter requesting their admittance, written by their commanding officer. (e) Dentists (D.D.S.), doctors of veterinary medicine (D.V.M.), registered nurses (R.N.), x-ray technicians, laboratory technicians, dietitians, allied public health personnel, and others will be admitted provided they have proper identification. (f) *All questions on admission will be passed on by a member of the Committee on Registration who will be present at the desk.*

Entertainment

PRESIDENT'S DINNER DANCE, Monday, May 10, Biltmore Bowl, 7:30 p.m. Tickets are on sale at the Registration Desk. Formal dress is optional.

The Annual Golf Tournament will be held Tuesday afternoon, May 11, at the Wilshire Country Club. All members attending the meeting are welcome to play. Tee off time 10 a.m. on. Numerous prizes will be awarded. No reservations are necessary. For further information contact M. J. Groat, M.D., Secretary, Southern California Medical Golf Association, 5807 N. Temple City Blvd., Temple City.

California Society of Allergy Reception and Dinner, Tuesday, May 11, Conference Room 2; Luncheon, Wednesday, May 12, Bowl Foyer. For information and reservations contact Elizabeth Sirmay, M.D., 133 S. Lasky Drive, Beverly Hills.

U. C. Medical School Alumni-Faculty Association Luncheon, Tuesday, May 11, Bowl Foyer, Biltmore Hotel. Information and reservations — C.M.A. Reservation Desk, Biltmore Hotel.

Medical Women's Society Reception, Tuesday, May 11, 4:00 to 6:00 p.m., Conference Room 7, Biltmore Hotel. For information—C.M.A. Reservation Desk.

Tulane Medical Alumni Luncheon, Wednesday, May 12, Conference Room 5, Biltmore Hotel. For reservations—C.M.A. Reservation Desk.

WOMEN'S ENTERTAINMENT — Tickets available for TV and radio broadcasts for members and guests. Inquire at Woman's Auxiliary table marked **Entertainment** located in the Main Galeria.

Reception honoring Mrs. John W. Green, Sunday, May 9, 5:00 to 7:00 p.m., Galeria Room, Biltmore Hotel.

Other Meetings — Ancillary Organizations

Dermatologic Clinical Pathological Conference, Sunday, May 9, 1:00 p.m., Auditorium, Room 1602, Los Angeles County Hospital, 1200 North State Street. Nelson Paul Anderson, M.D., Los Angeles, and Walter Nickel, M.D., San Diego, chairmen.

California Society of Pathologists Round Table Luncheon, Monday, May 10, 12:30 p.m., Bowl Foyer. For reservations contact Paul Michael, M.D., 450 30th Street, Oakland.

Bureau of Medical Economics—Monday and Tuesday, May 10 and 11, 10:00 a.m. to 4:00 p.m., Conference Room 5, Biltmore Hotel.

State Board of Health, Tuesday, May 11, 9:30 a.m. to 5:00 p.m., Conference Room 9, Biltmore Hotel.

Conference of Local Health Officers—Thursday and Friday, May 13 and 14, 9:30 a.m. to 5 p.m., Conference Room 4, Biltmore Hotel.

PROGRAM AND PRE-CONVENTION REPORTS

for the

CALIFORNIA MEDICAL ASSOCIATION

Eighty-Third Annual Session
Los Angeles, May 9-13, 1954
Biltmore Hotel

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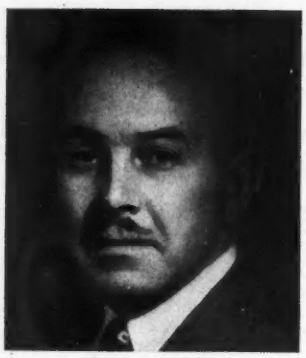
Guest Speakers

WALTER B. MARTIN



URBAN EVERSOLE

BRAM ROSE

WILLIAM A. SODEMAN

HENRY SWAN

Guest Speakers

WALTER B. MARTIN, M.D., Norfolk, Virginia—President-Elect, American Medical Association.

URBAN EVERSOLE, M.D., Boston, Massachusetts—Director, Anesthesia Department, Lahey Clinic.

BRAM ROSE, M.D., Montreal, Canada—Associate Professor of Medicine (Allergy), McGill University.

WILLIAM A. SODEMAN, M.D., Columbia, Missouri—Professor of Medicine, University of Missouri School of Medicine.

HENRY SWAN, M.D., Denver, Colorado—Professor of Surgery, University of Colorado School of Medicine.

Other Section Speakers from Out of State

JARVEY GILBERT, M.D., Navajo Medical Center, Ft. Defiance, Arizona—Guest of the Section on General Medicine and California Heart Association.

AVERILL A. LIEBOW, M.D., New Haven, Connecticut—Professor of Pathology, Yale University School of Medicine. Guest of the Section on Pathology and Bacteriology.

WILSON G. SMILLIE, M.D., New York, N. Y.—Professor and Chairman, Department of Preventive Medicine and Public Health, Cornell University College of Medicine. Guest of the Section on Public Health.

Hotel Reservation

FOR C.M.A. ANNUAL SESSION

IF YOU HAVE NOT already notified the C.M.A. office of the hotel accommodations you would like to have for the Annual Session, May 9 through 13, won't you order your reservation now? Just complete the form below and send it to the main office, 450 Sutter Street, San Francisco, at the earliest possible date—not later than April 30, please. A hotel assignment notice will be sent to you upon receipt of the completed form.

	Single	*Double*	*Twin Beds*	*Triple*	*Suites*
BILTMORE HOTEL	$5.50	$8.50	$9.00	$2.50	$17.20
515 S. Olive	11.50	14.00	14.00	per person extra	22-25 26-33
GAYLORD HOTEL	7.00	9.50	9.50	11.50	13.50
3355 Wilshire	and up	and up	and up	and up	and up
MAYFLOWER HOTEL	5.50	5.50	5.50	7.50	16.50
535 S. Grand Ave.	9.00	9.00	9.00		
TOWN HOUSE	9.00	14-19	14-19	3.00	22.00
639 Commonwealth	16.00			per person extra	and up
ALEXANDRIA HOTEL	4.00	6.00	7.00	2.00	12.50-25
210 West Fifth St.	8.00	9.00	10.50	per person extra	

Please fill out and return this blank not later than April 30

CALIFORNIA MEDICAL ASSOCIATION
450 Sutter Street — Room 2000
San Francisco 8, California

Gentlemen:

Please make hotel reservations for me at the.....Hotel

in Los Angeles (second choice:.....) for the period of the C.M.A. Annual Session, as follows:

Single Room $.....Double Room $.....Twin-Bed Room $.....

Parlor (large/small) Suite $.....Adjoining Twin-Bed Rooms, No..... $.....

Number in party is....., consisting of self and .....

Will arrive (date)....., ...A.M. or .....P.M.

Will depart (date)....., ...A.M. or .....P.M.

PRINT NAME PLEASE

NAME.....

ADDRESS.....

CITY.....COUNTY.....

SCIENTIFIC SESSIONS

	SUNDAY MAY 9 *All Day*	MONDAY MAY 10 A.M.	MONDAY MAY 10 P.M.	TUESDAY MAY 11 A.M.	TUESDAY MAY 11 P.M.	WEDNESDAY MAY 12 A.M.	WEDNESDAY MAY 12 P.M.	THURSDAY MAY 13 A.M.	THURSDAY MAY 13 P.M.
BILTMORE HOTEL Renaissance Room	**9:30 a.m. House of Delegates**	**9:00** Television General Surgery General Medicine Anesthesiology	**2:00** Television General Practice Obstetrics and Gynecology and Pediatrics	**9:00** Television **10:30 General Meeting**	**2:00** Television **3:00** Clinical-Pathological Conference	**9:30 a.m. House of Delegates**		**9 to 10:30** Television Psychiatry and Neurology	
Galeria Room		**9:00 a.m. to 5:30 p.m. Medical Motion Pictures**		**9:00 a.m. to 5:30 p.m. Medical Motion Pictures**		**9:00** General Practice, N.Cal. and S.Cal. Rheumatism Assn.	**12:30 to 5:30 p.m. Medical Motion Pictures 7 to 11:00 p.m.**	**9:00 a.m. to 3:00 p.m. Medical Motion Pictures**	
Conference Room 1		**9:00** Radiology	**2:00** Radiology and Urology	**9:00** Urology	**2:00** Urology	**9:00** Psychiatry and Neurology	**2:00** Psychiatry and Neurology	**9:00** Obstetrics and Gynecology	**2:00** Obstetrics and Gynecology
Conference Room 2		**9:00** Eye, Ear, Nose and Throat	**2:00** Eye, Ear, Nose and Throat	**9:00** Radiology	**2:00** Anesthesiology		**2:30** Allergy		
Conference Room 4				**10:00** Industrial Medicine and Surgery	**2:00** Industrial Medicine and Surgery	**9:00** Public Health			
Conference Room 8		**9:00** Pathology and Bacteriology	**2:00** Pathology and Bacteriology			**9:00** Allergy			
BAPTIST CHURCH Burdette Hall Fifth and So. Olive						**9:00** General Medicine	**2:00** General Medicine, Cal. Heart Assn.		
BAPTIST CHURCH Chapel Fifth and So. Olive			**2:00** Anesthesiology						
SUNKIST BUILDING Fifth and So. Flower		**9:00** Dermatology and Syphilology	**2:00** Dermatology and Syphilology				**2:00** Pediatrics	**9:00** Pediatrics	
SO. CALIFORNIA EDISON BLDG. Fifth and So. Grand			**2:00** General Surgery			**9:00** Surgery General	**2:00** General Practice and Public Health	**9:00** General Practice	

COUNCIL OF THE C.M.A. MEETS DAILY AT 7:30 A.M. IN CONFERENCE ROOM 6, BILTMORE HOTEL

SCIENTIFIC EXHIBITS—North and Main Galerias, Biltmore Hotel

TECHNICAL EXHIBITS—Music Room, Ballroom, and Ballroom Foyer, Biltmore Hotel

HOUSE OF DELEGATES meets Sunday and Wednesday, 9:30 a.m.

MEDICAL MOTION PICTURES—Galeria Room, Biltmore Hotel

SCIENTIFIC SESSIONS

General Meetings

First General Meeting

TUESDAY, MAY 11

9:00—Renaissance Room, Biltmore Hotel

Television Presentation and General Meeting

9:00—**Television Presentation on Portal Hypertension from the Los Angeles County Hospital.** For Schedule, see page 235.

General Meeting

Chairman: John W. Green, M.D., Vallejo

10:30—**Address of the President-elect of the American Medical Association**—Walter B. Martin, M.D., Norfolk, Virginia, by invitation.

10:50—**The Use of Hypothermia in Surgery**—Henry Swan, M.D., Denver, Colorado, by invitation.

11:10—**Spinal Puncture Headache**—Urban Eversole, M.D., Boston, Massachusetts, by invitation.

11:30—**Some Aspects of Hypersensitivity in General Medicine**—Bram Rose, M.D., Montreal, Canada, by invitation.

11:50—**The Clinical Problem of Chronic Diarrhea**—William A. Sodeman, M.D., Columbia, Missouri, by invitation.

Second General Meeting

TUESDAY, MAY 11

2:00—Renaissance Room, Biltmore Hotel

Television Presentation and Clinical-Pathological Conference

2:00—**Television Presentation on Radioactive Isotopes from the Los Angeles County Hospital.** For Schedule, see page 235.

Clinical-Pathological Conference

Moderator: L. Henry Garland, M.D., San Francisco

3:00—**Case No. 1**—Pathologist: Charles P. Baker, M.D., Oakland; Internists: Edward C. Rosenow, Jr., M.D., Los Angeles, and Dwight L. Wilbur, M.D., San Francisco; Radiologist: Charles E. Grayson, M.D., Sacramento.

4:00—**Case No. 2**—Pathologist: H. Russell Fisher, M.D., Los Angeles; Surgeons: Victor Richards, M.D., San Francisco, and Clarence Berne, Los Angeles; Radiologist: Sydney F. Thomas, M.D., Palo Alto.

EMERGENCY CALLS

Notify your office or exchange regarding the meetings you plan to attend. In cases of emergency, when the doctor cannot be located, the call will be referred to Emergency Call Service of the Los Angeles County Medical Association, DUnkirk 5-1581.

ADMISSION TO SESSIONS AND EXHIBITS BY REGISTRATION BADGE ONLY

GENERAL MEDICINE

Chairman . . . . . William D. Evans, M.D., North Hollywood
Secretary . . . . . Edgar Wayburn, M.D., San Francisco
Assistant Secretary . . . . . Roger O. Egeberg, M.D., Los Angeles

WILLIAM D. EVANS
Chairman

EDGAR WAYBURN
Secretary

MONDAY, MAY 10

9:00—Renaissance Room, Biltmore Hotel

Joint Meeting with the Sections on General Surgery and Anesthesiology

Television Presentation and Scientific Program

Cardiac Surgery

9:00—Television Program: A Cardiovascular Conference from the Los Angeles County Hospital.

11:00—Medical Problems of Valvulotomy Patients Occurring During the Postoperative Period—Albert A. Kattus, M.D., and J. Swartz, M.D., Los Angeles, both by invitation.

11:15—Cardiac Catheterization in Preoperative Evaluation of Patients with Valvular Heart Disease—Arthur Selzer, M.D., San Francisco.

11:30—Pericarditis—William A. Sodeman, M.D., Columbia, Missouri, by invitation.

WEDNESDAY, MAY 12

9:00—Burdette Hall, Baptist Church

9:00—Obesity and Liver Impairment — John O. Westwater, M.D., Los Angeles.

9:15—Metabolic and Clinical Studies with Intravenous Fat Emulsion — Laurance Kinsell, M.D., Oakland.

9:30—Medical Aspects of the Cholinesterase Inhibiting Insecticides (Parathion)—Raymond P. Collins, M.D., and J. H. Thompson, M.D., San Francisco.

9:45—Clinical Disorders Due to Abnormalities of Hemoglobin—John S. Lawrence, M.D., and William N. Valentine, M.D., Los Angeles.

10:00—The Effects of 1-4 di (Methanesulfoneoxy) Butane (Myleran) on Leukemia—Selig A. Gellert, M.D., Stacy R. Mettier, M.D., Maurice E. Leonard, M.D., Jonah G. Li, M.D., and Russell Tat, M.D., San Francisco; and Nickolas Petrakis, M.D., San Francisco, by invitation.

10:15—Intermission.

10:20—Business Meeting.

10:25—Widespread Use of Antibiotics and Its Consequences—Lowell Rantz, M.D., San Francisco.

10:40—Antibiotic Anaphylaxis—Jason Farber, M.D., and Joseph Ross, M.D., Oakland.

10:55—Aspects of Choice in Antibiotics—William A. Sodeman, M.D., Columbia, Missouri, by invitation.

11:25—Panel Discussion on Antibiotics—William A. Sodeman, M.D., Columbia, Missouri, by invitation; Bram Rose, M.D., Montreal, Canada, by invitation; Jason Farber, M.D., Oakland, and Lowell Rantz, M.D., San Francisco.

(See next page)

WEDNESDAY, MAY 12

2:00—Burdette Hall, Baptist Church

Combined Meeting of the Section on General Medicine of the California Medical Association and the California Heart Association

2:00—**Newer Methods in the Diagnosis of Rheumatic Fever**—Jack A. Sheinkopf, M.D., Beverly Hills.

2:15—**Chairman's Address: To Prolong a Miserable Existence**—William D. Evans, M.D., North Hollywood.

2:30—**Absence of Coronary Artery Disease Among a Select Group**—Jarvey Gilbert, M.D., Fort Defiance, Arizona.

2:45—**Acute Coronary Insufficiency — A Study of the Electrocardiographic Changes by Vector Methods**—John C. Talbot, M.D., David C. Levinson, M.D., Richard S. Cosby, M.D., Mary Mayo, A.B., Los Angeles.

3:00—**Differentiation Between Physiologic and Pathologic Hypertrophy of the Heart**—Travis Winsor, M.D., Los Angeles.

3:15—**Blood Volume Determination in Cardiac Decompensation, Using Radiochromium** — William A. Reilly, M.D., Richard French, M.D., Francis Y. K. Lau, M.D., and Kenneth G. Scott, Ph.D., San Francisco.

3:30—**Intermission.**

3:40—**A Study of Partial Pressure of CO_2 in Expired Air in Heart Disease**—Dean Pocock, M.D., James J. Short, M.D., and Allan Hemingway, Ph.D., Long Beach.

3:55—**Refractory Heart Failure**—William A. Sodeman, M.D., Columbia, Missouri.

4:25—**The Choice and Use of Hypotensive Agents**—Francis L. Chamberlain, M.D., William H. Thomas, M.D., and Harold I. Griffeath, M.D., San Francisco.

4:40—**Laboratory and Clinical Experience with the Square Wave Cardiac Stimulator** — John F. Dammann, Jr., M.D., Marvin L. Darsie, Jr., M.D., William H. Muller, Jr., M.D., C. A. Smith, W. J. Whalen, Ph.D., and T. Nolan, Los Angeles.

EMERGENCY CALLS AND MESSAGES

Each physician should notify his own secretary regarding the *exact* section he plans to attend and the time of his attendance. It is up to the individual physician to keep his own office staff so informed. The Association will attempt to transmit messages to the individual physician *when* these are delivered to the Information Desk, Ballroom, at the south end of the Galeria, with the information concerning the exact location of the prospective recipient of the message.

In cases of emergency, when the doctor cannot be located, the call will be referred to Emergency Call Service of the Los Angeles County Medical Association, DUnkirk 5-1581.

No outside phone calls will be permitted from the telephone located at the Information Desk. Pay telephones are located in the Main Galeria and in the lower lobby of the hotel, near the travel agency office.

VISIT THE TECHNICAL AND SCIENTIFIC EXHIBITS

GENERAL SURGERY

Chairman . . . . . Arthur C. Pattison, M.D., Pasadena
Secretary . . . . . William Brock, M. D., Stockton
Assistant Secretary . . . . . Lyman A. Brewer, M.D., Los Angeles

ARTHUR C. PATTISON
Chairman

WILLIAM BROCK
Secretary

MONDAY, MAY 10

9:00—Renaissance Room, Biltmore Hotel

Joint Meeting with the Sections on General Medicine and Anesthesiology

Television Presentation and Scientific Program
Cardiac Surgery

For Program, see Section on General Medicine

Arthur C. Pattison, M.D., chairman, Surgery Section, will be coordinator of the surgical portion of the television program

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MONDAY, MAY 10

2:00—Auditorium, Southern California Edison Building

Pediatric Surgery

2:00—**The Treatment of Cryptorchidism**—Donald R. Smith, M.D., San Francisco.

2:20—**Intra-Abdominal Cysts in Infants and Children with a Report of 44 Cases**—Thomas Newlin Hastings, M.D., and William J. Norris, M.D., Los Angeles.

2:40—**Problems of Thoracic Surgery in Infancy and Childhood**—Henry Swan, M.D., Denver, by invitation.

3:10—**Fundamental Concepts in Pediatric Anesthesia**—Woodrow E. Lomas, M.D., San Francisco.

3:30—**Congenital Diaphragmatic Hernia**—Burton E. Adams, M.D., San Leandro.

3:50—**Congenital Anomalies of the Esophagus**—Francis S. Gerbasi, M.D., Long Beach.

4:10—**Round Table Discussion**
Moderator: Henry Swan, M.D., Denver, by invitation.

WEDNESDAY, MAY 12

9:00—Auditorium, Southern California Edison Building

9:00—**Management of Resectable Lesions of the Small Bowel**—Max R. Gaspar, M.D., Long Beach.

9:20—**The Clinical Pattern of Polyps of the Rectum and Colon**—Ralph V. Byrne, M.D., Los Angeles.

9:40—**The Changing Concept of Surgical Treatment for Peptic Ulcer**—Paul F. Olson, M.D., North Hollywood.

10:00—**An Approach to the Management of Thyroid Carcinoma**—John D. Briggs, M.D., Los Angeles, by invitation; and G. Arnold Stevens, M.D., Beverly Hills.

10:20—**The Changing Picture in the Surgery of Pulmonary Tuberculosis**—John C. Jones, M.D., Joseph L. Robinson, M.D., and Bert W. Meyer, M.D., Los Angeles.

10:40—**Business Meeting and Election of Officers.**

10:50—**Diagnosis and Treatment of the Surgical Abdomen**—E. M. Greaney, M.D., and William H. Snyder, Jr., M.D., Los Angeles.

11:10—**Errors in Diagnosis of Acute, Mechanical, Small Intestinal Obstruction**—Edwin G. Clausen, M.D., Oakland.

11:30—**Gastric Polyposis**—Orville F. Grimes, M.D., San Francisco.

GENERAL PRACTICE

Chairman . . . . . A. Bradford Carson, M.D., Oakland
Secretary . . . . . Joseph W. Telford, M.D., San Diego
Assistant Secretary . . . . . R. Varian Sloan, M.D., Glendale

A. BRADFORD CARSON
Chairman

JOSEPH W. TELFORD
Secretary

MONDAY, MAY 10

2:00—Renaissance Room, Biltmore Hotel

Joint Meeting with Sections on Pediatrics, Obstetrics and Gynecology

Television Presentation and Scientific Program

Problems of the Newborn and Young Infant

2:00—**Television Program from the Los Angeles County Hospital.** For schedule see page 234.

3:30—**Paravaginal Hematomas Following Labor—Their Recognition and Management**—George F. Melody, M.D., San Francisco.
Discussion.

4:00—**Points of Emphasis in the Care of a Healthy Infant**—Milo B. Brooks, M.D., Los Angeles.
Discussion.

4:30—**General Questions and Discussion from the Floor.**

WEDNESDAY, MAY 12

9:00—Galeria Room, Biltmore Hotel

Combined Meeting of the Section on General Practice and the Northern and Southern California Rheumatism Associations

9:00—**Diagnosis of Osteoarthritis**—Howard J. Weinberger, M.D., Los Angeles.

9:15—**Diagnosis of Rheumatoid Arthritis** — Stacy R. Mettier, M.D., San Francisco.

9:30—**Diagnosis of Rheumatoid Spondylitis**—Carlos F. Sacasa, M.D., Pasadena.

9:45—**Diagnosis of Gout and Gouty Arthritis**—Nathan E. Headley, M.D., Los Angeles.

10:00—**Diagnosis of Less Common Forms of Arthritis**—Roland Davison, M.D., San Francisco.

10:15—**Recess.**

10:30—**Round Table Discussion—Treatment of the Arthritides.**
Moderator: Ephraim P. Engleman, M.D., San Francisco.

ADMISSION TO SESSIONS AND EXHIBITS BY REGISTRATION BADGE ONLY

WEDNESDAY, MAY 12

2:00—Auditorium, Southern California Edison Building

Joint Meeting with the Section on Public Health

For program, see Section on Public Health

THURSDAY, MAY 13

9:00—Auditorium, Southern California Edison Building

Symposium

Diseases of the Chest

9:00—**The Differential Diagnosis and Management of Cough**—Joseph J. Furlong, M.D., San Francisco.

9:30—**Changing Concepts in the Treatment of Bronchiectasis**—Seymour M. Farber, M.D., and Mortimer A. Benioff, M.D., San Francisco.

10:00—**The Significance of Allergy and Immunology in Pulmonary Mycotic Infections**—Edmund L. Keeney, M.D., San Diego.

10:30—**Diagnosis and Management of Acute Pulmonary Infections**—William L. Hewitt, M.D., Los Angeles, by invitation.

11:00—**Surgical Implications of Common Chest Complaints**—David J. Dugan, M.D., Oakland.

11:30—**Discussion.**

12:00—**Business Meeting and Election of Officers.**

QUALIFICATIONS/REQUIREMENTS FOR REGISTRATION

(a) All M.D.'s with credentials showing that they hold valid license to practice medicine. (Membership card in C.M.A.; county medical society/association; or A.M.A. membership card.)

(b) Medical students will be admitted upon presentation of credentials from their medical schools identifying them as medical students. A membership card of the Student American Medical Association will be sufficient.

(c) Medical secretaries will be admitted upon presentation of a letter from the physician-employer.

(d) Pharmacist mates and other military personnel of a like grade will be admitted upon presentation of a letter requesting their admittance, written by their commanding officer.

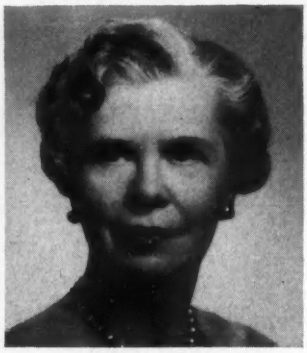
(e) Dentists (D.D.S.), doctors of veterinary medicine (D.V.M.), registered nurses (R.N.), x-ray technicians, laboratory technicians, dietitians, allied public health personnel, and others will be admitted provided they have proper identification.

(f) *All questions on admission will be passed on by a member of the Committee on Registration who will be present at the desk.*

BRING PROPER IDENTIFICATION FOR REGISTRATION

ALLERGY

Chairman . . . . . Grace M. Talbott, M.D., San Francisco
Vice-Chairman . . . . . Norman Shure, M.D., Los Angeles
Secretary . . . . . Lazarre J. Courtright, M.D., San Francisco



GRACE M. TALBOTT
Chairman

LAZARRE J. COURTRIGHT
Secretary

WEDNESDAY, MAY 12

9:00—Conference Room 8, Biltmore Hotel

9:00—**My Experience in the Allergy and ENT Clinics While Stationed in the Armed Services in Texas**—William M. Fitzhugh, Jr., M.D., San Francisco.
Discussion.

9:30—**Meat Base Formulas in Diagnosis and Treatment of Infantile Eczema and Asthma**—Albert H. Rowe, Jr., M.D., Oakland.
Discussion.

10:00—**Allergy in Identical Triplets**—William J. Kerr, Jr., M.D., San Rafael.
Discussion.

10:30—**Chairman's Address: Attempts at Rapid Assay of Factors in the Allergic Syndrome**—Grace M. Talbott, M.D., San Francisco.

11:00—**Experimental Neurosis and Horse Serum Sensitivity in Guinea Pigs**—L. J. Courtright, M.D., San Francisco, and Werner Mendel, M.A., Los Angeles, by invitation.
Discussion.

11:30—**Emotional Aspects of Allergic Disturbances**—Malcolm H. Finley, M.D., San Francisco.
Discussion.

12:00—Bowl Foyer, Biltmore Hotel

12:00—**Luncheon Meeting**—Sponsored jointly by the Section on Allergy and the California Society of Allergy.

WEDNESDAY, MAY 12

2:30—Conference Room 2, Biltmore Hotel

2:30—**Pulmonary Ventilation Studies in Allergic Patients**—Henry T. Friedman, M.D., Beverly Hills, and Roderick McDonald, M.D., Torrance.
Discussion.

3:00—**The Role of Histamine and the Adrenal Cortex in Allergy**—Bram Rose, M.D., Montreal, Canada, by invitation.
Discussion.

4:00—**The Dynamics of Desensitization**—Phillip A. Cavelti, M.D., Palo Alto.
Discussion.

4:30—**Aminophyllin in Treatment of Allergy Clinic Patients** — Samuel H. Waxler, M.D., San Francisco.
Discussion.

ADMISSION TO SESSIONS AND EXHIBITS BY REGISTRATION BADGE ONLY

ANESTHESIOLOGY

Chairman . . . . . Joseph H. Failing, M.D., San Marino
Secretary . . . . . Marshall L. Skaggs, M.D., Sacramento
Assistant Secretary . . . . . John P. Howard, M.D., San Diego

JOSEPH H. FAILING
Chairman

MARSHALL L. SKAGGS
Secretary

MONDAY, MAY 10

9:00—Renaissance Room, Biltmore Hotel

Joint Meeting with the Sections on General Medicine and General Surgery

Television Presentation and Scientific Program

Cardiac Surgery

For Program, see Section on General Medicine

MONDAY, MAY 10

2:00—Chapel, Baptist Church

Symposium

Geriatric Anesthesia

2:00—**The Anesthetic Management of the Elderly Patient**—Urban H. Eversole, M.D., Boston, by invitation.

2:45—**Chairman's Address: The Anesthetic Management of Eye Surgery in the Aged**—Joseph H. Failing, M.D., San Marino.

3:05—**Recess.**

3:15—**The Anesthetic Management of Hip-Nailing in the Aged**—Richard A. Koons, M.D., Los Angeles.

3:35—**As the Anesthesiologist Sees the Sunset**—Charles D. Anderson, M.D., Oakland.

3:55—Discussion.

4:20—**Business Meeting and Election of Officers.**

TUESDAY, MAY 11

2:00—Conference Room 2, Biltmore Hotel

2:00— **Panel Discussion**

Teamwork for the Geriatric Patient in Surgery

Moderator: Urban H. Eversole, M.D., Boston, by invitation.

The Surgeon Views the Geriatric Patient—Jack M. Farris, M.D., Los Angeles.

The Internist Consults on the Geriatric Patient—Joseph F. Sadusk, Jr., M.D., Oakland.

Electrolyte and Fluid Balance in the Geriatric Patient—Marcus A. Krupp, M.D., Palo Alto.

The Anesthesiologist Views the Geriatric Patient—Edward B. Tuohy, M.D., La Canada.

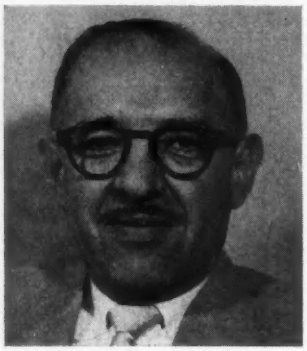
3:00—**Recess.**

3:15—**Questions and Round Table Discussion.**

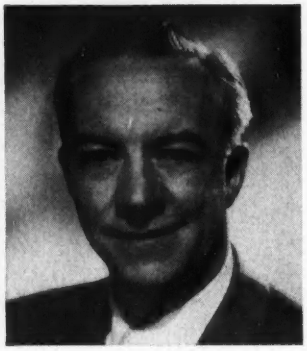
VISIT THE TECHNICAL AND SCIENTIFIC EXHIBITS

DERMATOLOGY AND SYPHILOLOGY

Chairman . . . . . Louis H. Winer, M.D., Beverly Hills
Secretary . . . . . Walter F. Schwartz, M.D., Pasadena
Assistant Secretary . . . . . R. Ray Allington, M.D., Oakland



LOUIS H. WINER
Chairman



WALTER F. SCHWARTZ
Secretary

Note: Sunday, May 9, 1:00 p.m.—Dermatologic Clinical Pathological Conference, Auditorium, Room 1602, Los Angeles County Hospital, 1200 North State Street. Nelson Paul Anderson, M.D., Los Angeles, and Walter Nickel, M.D., San Diego, chairmen.

MONDAY, MAY 10

9:00—Auditorium, Sunkist Building

9:00—**Chronic Discoid Lupus Erythematosus with Porphyruria** — Irwin H. Linden, M.D., and Charles G. Steffen, M.D., Los Angeles, both by invitation.

Discussion.

9:20—**Fixed Drug Eruption**—Lawrence M. Nelson, M.D., Santa Barbara.

Discussion.

9:40—**Ammoidin (Xanthotoxin) in the Treatment of Vitiligo**—Molleurus Couperus, M.D., Los Angeles.

Discussion.

10:00—**Chairman's Address: Solitary Acquired Trichoepithelioma (The Enlarged Pore)**—Louis H. Winer, M.D., Beverly Hills.

Discussion.

10:20—**Recess.**

10:30—**Eczema Herpeticum (Kaposi's Varicelliform Eruption)**—Fred F. Feldman, M.D., and Ben A. Newman, M.D., Beverly Hills.

Discussion.

10:50—**Nevoid Seborrheic Keratosis-Like Tumors of the Genitalia**—Nelson Paul Anderson, M.D., and Lyon Rowe, M.D., Los Angeles.

Discussion.

11:10—**The Pathogenesis of Cutaneous Complications of Varicose Veins**—Eugene M. Farber, M.D., San Francisco.

Discussion.

11:30—**Business Meeting and Election of Officers.**

MONDAY, MAY 10

2:00—Auditorium, Sunkist Building

2:00—**Cat-Scratch Fever in Sisters**—Brace F. Hartwell, M.D., Inglewood.

Discussion.

2:20—**Werner's Syndrome**—Roy C. Smith, M.D., Escondido.

Discussion.

2:40—**The Use of Silicones and Silicone Preparations in Dermatology**—Paul Levan, M.D., and Thomas Sternberg, M.D., Los Angeles.

Discussion.

3:00—**The Use of ACTH and Cortisone in the Treatment of Acne Conglobata**—Earl Claiborne, M.D., Palo Alto.

Discussion.

3:20—**The Successful Management of Lupus Erythematosus with Alpha Tocopherol Acetate**—Paul D. Foster, M.D., Los Angeles.

Discussion.

3:40—**Round Table Discussion: Modern Techniques for Treatment of Acne Scarring.**

Moderator: Samuel Ayres, Jr., M.D., Los Angeles.

Discussants: Ralph Luikart, II, M.D., Santa Barbara; Paul Levan, M.D., Los Angeles; Willard L. Marmelzat, M.D., Los Angeles; Ben A. Newman, M.D., Beverly Hills; Ray Nordstrom, M.D., Berkeley; Monroe K. Ruch, M.D., Los Angeles.

EYE, EAR, NOSE AND THROAT

Chairman . . . . . Alfred R. Robbins, M. D., Los Angeles
Secretary . . . . . Francis A. Sooy, M.D., San Francisco
Assistant Secretary . . . . . Robert N. Shaffer, M.D., San Francisco

ALFRED R. ROBBINS
Chairman

FRANCIS A. SOOY
Secretary

MONDAY, MAY 10

9:00—Conference Room 2, Biltmore Hotel

9:00—**"Snorkel" Tracheotomy Tube for Respirator Use**—Charles P. Lebo, M.D., San Francisco.

9:30—**An Endotracheal Technique for Adenotonsillectomy**—Richard Thomas Barton, M.D., Beverly Hills.

10:00—**The Laryngologist Looks at Cigarettes**—Mervin C. Myerson, M.D., Beverly Hills.

10:30—**Diagnostic Problems in Atypical Laryngeal Lesions**—Edward Gordon McCoy, M.D., San Francisco.

11:00—**Transseptal, Transsphenoid Pituitary Surgery**—Mary Thompson, M.D., San Francisco, by invitation.

MONDAY, MAY 10

2:00—Conference Room 2, Biltmore Hotel

2:00—**Radioactive Isotopes in Ophthalmology**—John Lordan, M.D., Beverly Hills.
Discussion.

Symposium

Recent Advances in Diagnosis and Therapy

2:30—**Pediatric Ophthalmology**—Margaret Henry, M.D., San Francisco.

3:00—**Glaucoma**—Earle McBain, M.D., San Rafael.

3:30—**Extraocular Muscles** — George S. Campion, M.D., San Francisco.

4:00—**General Discussion.**

4:30—**Business Meeting.**

ADMISSION TO SESSIONS AND EXHIBITS BY REGISTRATION BADGE ONLY

INDUSTRIAL MEDICINE AND SURGERY

Chairman . . . . . Packard Thurber, Jr., M.D., Los Angeles
Secretary . . . . . Dan O. Kilroy, M.D., Sacramento
Assistant Secretary . . . . . Verne G. Ghormley, M.D., Fresno

PACKARD THURBER, JR.
Chairman

DAN O. KILROY
Secretary

TUESDAY, MAY 11

9:00—Renaissance Room, Biltmore Hotel

9:00—**Television Presentation on Portal Hypertension** from the Los Angeles County Hospital.

10:00—Conference Room 4, Biltmore Hotel

10:00—**Tetanus — Its Prevention and Treatment** — Sidney J. Adler, M.D., Anaheim.
Discussion.

10:30—**Some Aspects of Liver Damage Caused by Industrial Poisons** — James H. Thompson, M.D., San Francisco.
Discussion.

11:00—**Industrial Aspects of Coronary Thrombosis and Coronary Sclerosis**—William L. Adams, Jr., M.D., Fresno.
Discussion.

11:30—**Permanent Disability Evaluation**—Eli Welch, A.B., San Francisco, by invitation.
Discussion.

12:00—**Business Meeting and Election of Officers.**

TUESDAY, MAY 11

2:00—Conference Room 4, Biltmore Hotel

2:00—**Chairman's Address**—Packard Thurber, Jr., M.D., Los Angeles.
Discussion.

2:30—**Amputations and Prosthesis** — T. J. Canty, Captain, MC, USN, Oakland, by invitation.
Discussion.

3:00—**The Proper Use of Physical Medicine as Applied to the Injured Hand**—S. Malvern Dorinson, M.D., San Francisco.
Discussion.

3:30—**Surgical Treatment of Rheumatic Tenosynovitis**—L. D. Howard, M.D., San Francisco.
Discussion.

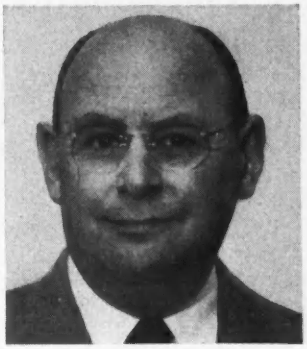
4:00—**Reconstruction of the Collateral Ligaments of the Knee**—John R. Black, M.D., Los Angeles.
Discussion.

VISIT THE TECHNICAL AND SCIENTIFIC EXHIBITS

OBSTETRICS AND GYNECOLOGY

Chairman . . . . . Donald W. de Carle, M.D., San Francisco
Vice-Chairman . . . . . Harold K. Marshall, M.D., Glendale
Secretary . . . . . Charles T. Hayden, M.D., Oakland

DONALD W. de CARLE
Chairman



CHARLES T. HAYDEN
Secretary

MONDAY, MAY 10

2:00—Renaissance Room, Biltmore Hotel

Joint Meeting with the Sections on General Practice and Pediatrics

Television Presentation and Scientific Program

Problems of the Newborn and Young Infant

For Program, see Section on General Practice and Television Schedule, page 234.

THURSDAY, MAY 13

9:00—Conference Room 1, Biltmore Hotel

9:00—**Treatment of Inadequate Endometrium in Infertility** — Edward T. Tyler, M.D., Los Angeles.

Discussion by A. B. Abarbanel, M.D., and Wallace Shearer, Jr., M.D., Los Angeles.

9:30—**Comparative Iron Therapy in Pregnancy**—Robert DeVoe, M.D., Oakland.

Discussion by James E. Davis, M.D., Los Angeles.

10:00—**Postural Shock in Pregnancy**—Ralph L. Wilkening, M.D., Bakersfield.

Discussion by Samuel H. Martins, M.D., Los Angeles.

10:30—**The Hemodynamic Effect of Drugs Used in Hypertensive Diseases of Pregnancy**—Nicholas S. Assali, M.D., Los Angeles, by invitation.

Discussion by Bernard Hanley, M. D., Los Angeles.

11:00—**Decidual Reaction of the Cervix**—Wm. Buster McGee, M.D., San Diego.

Discussion by Willard B. Crosley, M.D., Glendale.

11:30—**Business Meeting and Election of Officers.**

THURSDAY, MAY 13

2:00—Conference Room 1, Biltmore Hotel

2:00—**Chairman's Address: Certain Unusual Phases of Soft Tissue Dystocia**—Donald W. de Carle, M.D., San Francisco.

2:30—**Etiologic Factors in Uterine Bleeding** — J. George Moore, Jr., M.D., Los Angeles.

Discussion by Richard Taw, M.D., Los Angeles.

3:00—**The Climacteric**—Nadina R. Kavinoky, M.D., Los Angeles.

Discussion by W. Maxwell Thebaut, Jr., M.D., Oakland.

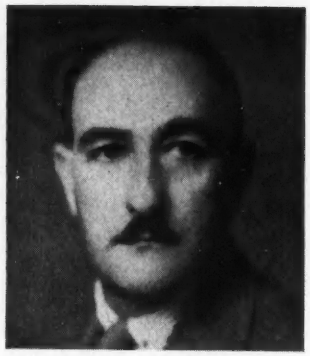
3:30—**Hyaluronidase Combined with Local Anesthesia in Pudendal Block**—Hobart M. Kelly, M.D., Riverside.

Discussion by Edmund F. Anderson, M.D., San Francisco.

PATHOLOGY AND BACTERIOLOGY

Chairman . . . . . A. R. Camero, M.D., Los Angeles
Secretary . . . . . Paul Michael, M.D., Oakland
Assistant Secretary . . . . . Orlyn B. Pratt, M.D., Los Angeles

A. R. CAMERO
Chairman



PAUL MICHAEL
Secretary

MONDAY, MAY 10

9:00—Conference Room 8, Biltmore Hotel

9:00—**Progress in Blood Preservation**—Frederick Proescher, M.D., San Jose.

9:30—**Cat-Scratch Fever**—Paul H. Guttman, M.D., Sacramento.

10:10—**Pseudosarcoid**—Nathan B. Friedman, M.D., Los Angeles, and Nancy Walker, M.D., Los Angeles, by invitation.

10:30—**Disseminated and Focal Manifestations of Necrotizing Granulomatosis** — Robert Fienberg, M.D., Beverly Hills, by invitation.

11:00—**Pathology of Bronchiectasis**—Averill A. Liebow, M.D., New Haven, Connecticut, by invitation.

12:30—Bowl Foyer, Biltmore Hotel

12:30—**Round Table Luncheon** (by reservation only). Sponsored jointly by the Section on Pathology and Bacteriology and the California Society of Pathologists.

MONDAY, MAY 10

2:00—Conference Room 8, Biltmore Hotel

2:00—**Systemic Mast Cell Disease with Urticaria Pigmentosa**—E. B. Reilly, M.D., Long Beach, by invitation.

2:20—**Chairman's Address** — A. R. Camero, M.D., Los Angeles.

3:00—**Elastic Tissue Disease: The Gromblad-Stanberg Syndrome with Enteric Manifestations** —Leo Kaplan, M.D., Los Angeles, by invitation.

3:20—**Rheumatic Lesions in Left Atrial Appendages Removed During Mitral Commissurotomy**—Leon J. Tragerman, M.D., Los Angeles, and C. L. Corley, M.D., by invitation.

3:40—**Business Meeting and Election of Officers.**

VISIT THE TECHNICAL AND SCIENTIFIC EXHIBITS

PEDIATRICS

Chairman . . . . . Clement J. Molony, M.D., Beverly Hills
Secretary . . . . . Gordon F. Williams, M.D., Menlo Park
Assistant Secretary . . . . . Milo B. Brooks, M.D., Los Angeles

CLEMENT J. MOLONY
Chairman

GORDON F. WILLIAMS
Secretary

MONDAY, MAY 10

2:00—Renaissance Room, Biltmore Hotel

Joint Meeting with the Sections on General Practice and Obstetrics and Gynecology

Television Presentation and Scientific Program

Problems of the Newborn and Young Infant

For Program, see Section on General Practice and Television Schedule, page 234.

WEDNESDAY, MAY 12

2:00—Auditorium, Sunkist Building

2:00—**Normal Developmental Phenomena During the First Five Years of Life**—Arthur H. Parmelee, Jr., M.D., Los Angeles, by invitation.
Discussion by Esther B. Clark, M.D., Palo Alto.

2:30—**The Use of Amphetamine Sulfate (Benzedrine®) in Selected Cases of Mental Retardation** — Wendell L. Severy, M.D., Beverly Hills.
Discussion.

3:00—**Office Management of the Allergic Child**—Morton Zall, M.D., Los Angeles.
Discussion opened by Norman Shure, M.D., Los Angeles.

3:30—**Pediatric Ecology**—H. E. Thelander, M.D., San Francisco.
Discussion.

4:00—**Pediatric Rehabilitation Teams** — R. Bruce Jessup, M.D., Palo Alto.
Discussion.

THURSDAY, MAY 13

9:00—Auditorium, Sunkist Building

9:00—**Recognition and Management of Shigella Infections**—Moses Grossman, M.D., San Francisco.
Discussion by Joan Hodgman, M.D., Los Angeles.

9:30—**The Hypertensive Stage of Acute Nephritis—Treatment with a Derivative of Veratrum Viride**—Stephen W. Royce, M.D., San Marino.
Discussion.

10:00—**A Therapeutic Regime for Tuberculous Meningitis**—Robert B. Stone, M.D., Oakland.
Discussion by Moses Grossman, M.D., San Francisco.

10:30—**Sedimentation Rates in Normal Children**—Saul Joel Robinson, M.D., San Francisco.
Discussion.

11:00—**Business Meeting and Election of Officers.**

PSYCHIATRY AND NEUROLOGY

Chairman . . . . . A. E. Bennett, M.D., Berkeley
Secretary . . . . . George N. Thompson, M.D., Los Angeles
Assistant Secretary . . . . . Maxwell M. Andler, M.D., Beverly Hills

A. E. BENNETT
Chairman

GEORGE N. THOMPSON
Secretary

WEDNESDAY, MAY 12

9:00—Conference Room I, Biltmore Hotel

9:00—**Work as a Therapy, with Special Reference to the Elderly**—George J. Wayne, M.D., Los Angeles.

Discussion by Arthur Timme, M.D., Los Angeles, and Brunon Bielinski, M.D., Los Angeles.

9:30—**Potentiation of Anticonvulsant Protection with Diuretics**—Nicholas A. Bercel, M.D., Beverly Hills.

Discussion by Elinor Ives, M.D., Los Angeles, and Clemson Marsh, M.D., Glendale.

10:00—**Referred Pain in Headache** — Herbert H. Archibald, M.D., Oakland.

Discussion by James Jacobs, M.D., Long Beach, and Douglas G. Campbell, M.D., San Francisco.

10:30—**The Office Psychotherapy of Ambulatory Schizophrenics**—Don D. Jackson, M.D., Palo Alto.

Discussion by Norman Brill, M.D., Los Angeles.

11:00—**The Funkenstein Test as a Guide to Treatment in the Neuroses and Psychoses**—Anita M. Uhl, M.D., Berkeley, by invitation.

Discussion by A. E. Bennett, M.D., Berkeley.

WEDNESDAY, MAY 12

2:00—Conference Room I, Biltmore Hotel

2:00—**Chairman's Address: Prevention of Suicide**—A. E. Bennett, M.D., Berkeley.

2:30—**The Use of Radioactive Iodine and Phosphorus in the Localization of Tumors of the Cerebral Hemisphere** — Edwin W. Amyes, M.D., Philip J. Vogel, M.D., Paul Deeb, M.D., Los Angeles; and Ralph Adams, A.B., Los Angeles, by invitation.

Discussion by Rupert Raney, M.D., and Frank Anderson, M.D., Los Angeles.

3:00—**Studies in Traumatic Amnesia**—J. M. Nielsen, M.D., Los Angeles.

Discussion by Clarence Olsen, M.D., Beverly Hills, and Augustus Rose, M.D., Los Angeles.

3:30—**The Differential Diagnosis of Lesions of the Skull**—David Eder, M.D., Pasadena.

Discussion by Cyril B. Courville, M.D., and Karl O. Von Hagen, M.D., Los Angeles.

4:00—**Results of Ligation of the Anterior Choroidal Artery**—Robert W. Rand, M.D., Los Angeles.

Discussion by Aidan Raney, M.D., Los Angeles, John French, M.D., Long Beach, and Joseph Orr, M.D., Santa Monica.

THURSDAY, MAY 13

9:00—Renaissance Room, Biltmore Hotel

Television Presentation

Neurological Diseases—Diagnosis and Management

For Program, see page 235.

PUBLIC HEALTH

Chairman . . . . . Charles E. Smith, M.D., Berkeley
Secretary . . . . . L. S. Goerke, M.D., Los Angeles
Assistant Secretary . . . . . E. M. Bingham, M.D., Stockton

CHARLES E. SMITH
Chairman

L. S. GOERKE
Secretary

WEDNESDAY, MAY 12

9:00—Conference Room 4, Biltmore Hotel

9:00—**Clinical Laboratory Law and Its Meaning to Private Physicians** — Malcolm H. Merrill, M.D., and W. Max Chapman, M.D., Berkeley.

Discussion.

9:30—**Problems of Research on Smog**—Fred A. Bryan, M.D., Los Angeles, by invitation.

Discussion.

10:00—**Air Pollution and Its Effect on Health**—Paul Kotin, M.D., Los Angeles.

Discussion.

10:30—**Selective Tuberculosis Case Finding**—Glen W. Kent, M.D., Martinez.

Discussion by Erwin P. Brauner, M.D., Visalia.

11:00—**A Rural Health and Education Program**—Robert D. Monlux, M.D., Fresno.

Discussion.

11:30—**Business Meeting.**

WEDNESDAY, MAY 12

2:00—Auditorium, Southern California Edison Building

Joint Meeting with the Section on General Practice

2:00—**Relation of Nutrition to Health in an Aging Population—A Four-Year Follow-Up**—Harold D. Chope, M.D., and Warren Hall, M.D., Redwood City.

Discussion by Lester Breslow, M.D., Berkeley.

2:30—**Cardiac Screening Procedures**—Edward Phillips, M.D., Los Angeles.

Discussion by William Paul Thompson, M.D., Los Angeles.

3:00—**Dividends from Chest X-Ray Survey Method as a Means of Detecting Lung Cancer**—Lewis W. Guiss, M.D., Los Angeles.

Discussion.

3:30—**Recess.**

3:40— **Panel Discussion**

Evaluation of Gamma Globulin Prophylaxis

Moderator: Wilson G. Smillie, M.D., New York City, by invitation.

The Private Physician—Albert J. Sheldon, M.D., Santa Ana.

The Health Officer — Edward Lee Russell, M.D., Santa Ana.

The Epidemiologist—John M. Chapman, M.D., Los Angeles, by invitation.

Question and Answer Period.

CALIFORNIA CONFERENCE OF LOCAL HEALTH OFFICERS

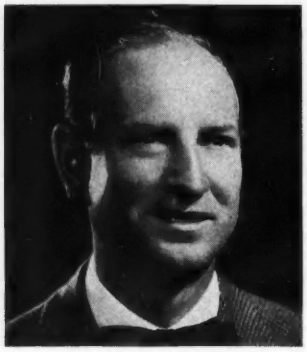
THURSDAY, MAY 13, and
FRIDAY, MAY 14

Conference Room 4, Biltmore Hotel
9:30 a.m. to 5:00 p.m.

RADIOLOGY

Chairman.....Calvin L. Stewart, M.D., San Diego
Secretary.....Harold R. Morris, M.D., San Bernardino
Assistant Secretary.....Merrell A. Sisson, M.D., San Francisco

CALVIN L. STEWART
Chairman



HAROLD R. MORRIS
Secretary

MONDAY, MAY 10

9:00—Conference Room 1, Biltmore Hotel

9:00—Radiation Therapy of Cancer of the Tongue—Frank C. Binkley, M.D., Pasadena.

Discussion by Charles E. Grayson, M.D., Sacramento.

9:30—Diagnosis and Treatment of Intussusception—E. J. Denenholz, M.D., and George S. Feher, M.D., Modesto.

Discussion by James B. Irwin, M.D., San Diego.

10:00—Detection of Small Lesions of the Large Bowel—J. Maurice Robinson, M.D., San Francisco.

Discussion by Henry C. Crozier, M.D., Los Angeles.

10:30—Recess — Business Meeting and Election of Officers.

10:40—The Use of Radioactive Chromic Phosphate in Ascites and Pleural Effusions—Melville L. Jacobs, M.D., Beverly Hills.

Discussion by Robert S. Stone, M.D., San Francisco.

11:10—Techniques, Advantages, and Disadvantages of the 0.3 mm. Focal Spot Tube—Martin S. Abel, M.D., Berkeley.

Discussion by H. I. Amory, M.D., San Francisco.

11:40—The Responsibility of Radiologists to Their Technicians—Maurice M. Haskell, M.D., Long Beach.

Discussion by Wilbur Bailey, M.D., Los Angeles.

MONDAY, MAY 10

2:00—Conference Room 1, Biltmore Hotel
Joint Meeting with Section on Urology

2:00—Chairman's Address: The Role of the Radiologist in Urological Problems—Calvin L. Stewart, M.D., San Diego.

2:40— **Panel Discussion**

Information, Please

Diagnostic Session on Urological Problems

Moderator: L. Henry Garland, M.D., San Francisco

Radiologists: John D. Camp, M.D., Los Angeles, and Dan Tucker, M.D., Oakland.

Urologists: Roger W. Barnes, M.D., Los Angeles, and Donald R. Smith, M.D., San Francisco.

Questions from the floor.

TUESDAY, MAY 11

9:00—Conference Room 2, Biltmore Hotel

9:00—The Roentgen Aspects of Operable Heart Disease—Herbert L. Abrams, M.D., San Francisco.

Discussion by George Jacobson, M.D., Los Angeles.

9:30—Common Lesions of the Neck and Shoulder and the Part that Roentgen Rays Play in These Conditions—M. L. Pindell, M.D., Beverly Hills.

Discussion by William W. Saunders, M.D., San Francisco.

10:00—Hypertrophic Antral and Pyloric Musculature in the Adult—Isamu Nieda, M.D., and A. A. de Lorimier, M.D., San Francisco.

Discussion by Kenneth S. Davis, M.D., Los Angeles.

10:30—Recess—Annual Meeting of the Pacific Roentgen Society.

UROLOGY

Chairman . . . . . James A. May, M.D., San Diego
Secretary . . . . . Thomas I. Buckley, Oakland
Assistant Secretary . . . . . Wilson Stegeman, Santa Rosa

JAMES A. MAY
Chairman

THOMAS I. BUCKLEY
Secretary

MONDAY, MAY 10

2:00—Conference Room 1, Biltmore Hotel
Joint Meeting with Section on Radiology

For Program, see Section on Radiology

TUESDAY, MAY 11

9:00—Conference Room 1, Biltmore Hotel

9:00—**Clinical Experience with the Artificial Kidney and Related Procedures**—Peter F. Salisbury, M.D., Los Angeles.
Discussion opened by Willard E. Goodwin, M.D., Los Angeles.

9:30—**Preventive Aspects of Male Infertility**—Murray Russell, M.D., Beverly Hills.
Discussion.

10:00—**Renal and Ureteral Type Pain**—H. Spencer Hoyt, M.D., Monterey.
Discussion opened by Ernest Bors, M.D., Long Beach.

10:30—**Office Use of Trilene with the Duke Inhaler**—Andrew E. Thuesen, M.D., Santa Rosa.
Discussion.

11:00—**Carcinoma of the Prostate Involving the Rectum—A Diagnostic Challenge**—Chester Winter, M.D., by invitation, Los Angeles.
Discussion by Charles Taylor, M.D., Beverly Hills, and Burton Smith, M.D., Santa Monica.

TUESDAY, MAY 11

2:00—Conference Room 1, Biltmore Hotel

2:00—**Chairman's Address**—James A. May, M.D., San Diego.

2:30—**Urological Aspects of Metabolic Bone Disease**—Milton L. Rosenberg, M.D., San Francisco.
Discussion opened by Carl E. Burkland, M.D., Sacramento.

3:00—**Cineradiography in Vesical Physiology**—Frank Hinman, Jr., M.D.; Gerald Miller, M.D., by invitation; and Earl R. Miller, M.D., San Francisco.
Discussion opened by W. E. Goodwin, M.D., Los Angeles.

3:30—**Lower Nephron Nephrosis Due to Toxic Solvents**—William Casey, M.D., and Wilford Woolf, M.D., Torrance, both by invitation.
Discussion opened by Baldwin Lamson, M.D., Los Angeles.

4:00—**Massive Retroperitoneal Cellulitis Simulating Retroperitoneal Sarcoma, Obstruction of the Left Ureter and Complete Clinical Recovery without Surgical Mobilization of the Ureter**—David Rosenbloom, M.D., Los Angeles.
Discussion.

4:30—**Business Meeting and Election of Officers.**

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Scientific Exhibits

Main Galeria and North Galeria, Biltmore Hotel

• ***Main Galeria***

Artificial Kidney and Some Results of Its Clinical Application—Peter F. Salisbury, M.D., Los Angeles.

Tumors of the Larynx—Mervin C. Myerson, M.D., Beverly Hills.

• ***North Galeria***

Lesions of the Optic Chiasm—C. H. Shelden, M.D., Robert H. Pudenz, M.D., Donald B. Freshwater, M.D., Pasadena; and Mr. Zolton Yuhasz, Pasadena, by invitation.

• ***North Galeria***

Transvaginal Peritoneoscopy (Culdoscopy) — A. R. Abarbanel, M.D., Los Angeles.

Methods of Evaluating the Menstrual Cycle—Edward T. Tyler, M.D., Los Angeles.

Magnification Techniques with Ultra-Fine Focal Spot X-ray Tube—Martin S. Abel, M.D., Berkeley.

Organizational Exhibits

Main Galeria, Biltmore Hotel

C.M.A. Public Relations Department
C.M.A. Blood Bank Commission
C.M.A. Committee on Postgraduate Activities
U.S. Food and Drug Administration
California Physicians' Service
Audio-Digest Foundation
Woman's Auxiliary to the C.M.A.
California League of Nursing

Television Schedule

Committee on Television—George C. Griffith, M.D., Chairman

Arranged with the cooperation of the Los Angeles County Hospital, and produced through the courtesy of Smith, Kline & French Laboratories

MONDAY, MAY 10

9:00—Renaissance Room, Biltmore Hotel

Cardiac Surgery

A Cardiovascular Conference

9:00-11:00 a.m.

Richard S. Cosby, M.D., Coordinator

Participants: Robert W. Oblath, M.D., Internist; George Jacobson, M.D., Radiologist; Judson S. Denson, M.D., Anesthesiologist; Frank Byron, M.D., and B. W. Meyer, M.D., Surgeons; Urban Eversole, M.D., Montreal, Canada, Guest Anesthesiologist, and Henry Swan, M.D., Denver, Colorado, Guest Surgeon.

1. Medical Examination and Consultation.
2. Operation—Mitral Valvulotomy.

MONDAY, MAY 10

2:00—Renaissance Room, Biltmore Hotel

Problems of the Newborn and Young Infant

2:00-3:30 p.m.

Robert Cleland, M.D., Coordinator

Participants: Bernard Hanley, M.D., Obstetrician; Alonzo B. Cass, M.D., and Stephen W. Royce, Jr., M.D., Pediatricians.

1. Care and Resuscitation of the Newborn Infant.
2. Care of the Premature Infant.
3. Care of the Normal Infant Through the First Year.
4. Obstetrical Problems—Operative Clinic.

TUESDAY, MAY 11

9:00—Renaissance Room, Biltmore Hotel

Portal Hypertension

9:00-10:30 a.m.

David C. Levinson, M.D., Coordinator

Participants: Donald C. Balfour, Jr., M.D., Telfer B. Reynolds, M.D., Internists; Milton R. Hales, M.D., Pathologist; William P. Mikkelson, M.D., and Arthur C. Pattison, M.D., Surgeons.

1. Emergency Care of Patients with Hemorrhage from Esophageal Varices.
2. Causes of Portal Hypertension.
3. The Nature of the Circulatory Disturbance in Cirrhosis—Demonstration on a Model.
4. Hepatic Artery—Portal Vein Shunts—Demonstration on a Model.
5. Casts of the Liver Circulation in Cirrhosis—Demonstrations on Models.
6. Indirect Method of Measuring Portal Venous Pressure—Demonstration on a Model.
7. The Cardiac Catheter in Place—Demonstration with Patient in Surgery.
8. The Clinical Use of Hepatic Vein Wedge Catheterization in Portal Hypertension.
9. Medical Treatment for Mild Portal Hypertension.
10. Medical Treatment of Patient Too Ill for Operation.
11. Typical Surgical Case—Portacaval Anastomosis.
12. Diagnosis in Obscure Case.
13. Extrahepatic Portal Hypertension.
14. Question and Answer Panel.

TUESDAY, MAY 11

2:00—Renaissance Room, Biltmore Hotel

Radioactive Isotopes in Medicine

2:00-3:00 p.m.

William Goodwin, M.D., Coordinator

Participants: John Backus, Ph.D., Paul H. Deeb, M.D., Ralph Adams, M.D., Franz K. Bauer, M.D., Boris Catz, M.D., Gurth Carpenter, M.D., Henry L. Jaffe, M.D., Paul Starr, M.D., and John H. Lawrence, M.D.

1. Fundamentals of Nuclear Physics—Discussion and Demonstration—John Backus, Ph.D.
2. Thyroid Uptake and the Basic Mechanisms Involved—A Demonstration—Paul H. Deeb, M.D., and Ralph Adams, M.D.
3. Scanning Techniques—A Demonstration—Franz K. Bauer, M.D.
4. Treatment of Hyperthyroidism and Carcinoma of the Thyroid—A Discussion—Boris Catz, M.D.
5. Treatment of Hematological Diseases with Isotopes—A Discussion—Gurth Carpenter, M.D.
6. Intracavitary and the Interstitial Use of Radioactive Colloidal Chromic Phosphate for Palliatibe treatment of Certain Malignant Lesions—A Demonstration—Henry L. Jaffe, M.D.
7. The Procurement of Isotopes—A Discussion—Paul Starr, M.D.

THURSDAY, MAY 13

9:00—Renaissance Room, Biltmore Hotel

Diagnosis and Management of Neurological Diseases

9:00-10:30 a.m.

J. M. Nielsen, M.D., Coordinator

1. Minimal Neurological Examination.
2. Spasticity.
3. Parkinson Syndromes.
4. Cerebellar Ataxia—Two Syndromes
   (a) Midline Cerebellar Lesion
   (b) Disease of Cerebellar Lobules
5. Cerebellar Tests.
6. Threatened Cerebral Thrombosis
7. Whiplash Injury of the Neck
   (a) Acute Syndrome
   (b) Chronic Syndrome
8. Early Epilepsy—Not a Disease but a Symptom.

Motion Picture Program

Arthur E. Smith, M.D., D.D.S., Los Angeles, Chairman

Galeria Room, Biltmore Hotel

A carefully selected showing of approximately 100 medical motion pictures will be held in the Galeria Room, Biltmore Hotel, during all or part of each day of the meeting.

On Monday and Tuesday, May 10 and 11, films will be shown from 9 a.m. to 5:30 p.m.

On Wednesday, May 10, the afternoon and evening hours, from 12:30 to 5:30 p.m., and from 7 to 11 p.m., will be used, and on Thursday, May 13, films will be shown from 9 a.m. to 3 p.m.

A full schedule showing the times and titles of each film will appear in the program distributed at the annual session.

WOMAN'S AUXILIARY *to the* CALIFORNIA MEDICAL ASSOCIATION

Twenty-Fourth Annual Convention, May 9 to 11, 1954

Headquarters: Biltmore Hotel, Los Angeles

MRS. CARL BURKLAND, President

MRS. FREDERICK J. MILLER, President-Elect

Convention Chairman: MRS. ROBERT B. HOPE

REGISTRATION—MAIN GALERIA

Sunday, May 9—9:00 a.m. to 12:00 noon
1:00 p.m. to 4:00 p.m.
Monday, May 10—8:30 a.m. to 12:00 noon
1:00 p.m. to 4:00 p.m.
Tuesday, May 11—8:30 a.m. to 12:00 noon

SUNDAY, MAY 9

8:00 a.m.—Executive Committee meeting, in Conference Room No. 3, Hotel Biltmore.

9:30 a.m.—Annual Report of the Woman's Auxiliary by the President, Mrs. Carl Burkland, to the California Medical Association, House of Delegates, Renaissance Room, Hotel Biltmore. Auxiliary members and doctors' wives are invited to attend.

10:30 a.m.—Pre-Convention Board Meeting, Conference Room No. 8, Hotel Biltmore.

5:00 to 7:00 p.m.—Reception honoring Mrs. John W. Green, wife of the President of the California Medical Association, Galeria Room, Hotel Biltmore. All doctors' wives and their husbands are cordially invited.

MONDAY, MAY 10

9:00 a.m.—Formal opening of the Twenty-fourth Annual Meeting of the Woman's Auxiliary to the California Medical Association, Burdette Hall, Baptist Church, 5th and Olive Streets. Mrs. Carl Burkland, President, presiding.

2:15 to 4:15 p.m.—Afternoon meeting.

7:30 p.m.—Dinner and ball in honor of the California Medical Association President, Dr. John W. Green, Biltmore Bowl, Hotel Biltmore. Dress optional.

TUESDAY, MAY 11

9:00 a.m.—General Meeting of the Woman's Auxiliary to the California Medical Association, Burdette Hall. Mrs. Carl Burkland, President, presiding.

1:00 p.m.—Annual Luncheon in honor of Mrs. Carl Burkland, Mrs. Frederick Miller, Past State Presidents and Members of the State Advisory Board, Biltmore Bowl, Hotel Biltmore.

3:00 p.m.—Post-Convention Board Meeting, Conference Room No. 8, Hotel Biltmore. Mrs. Frederick Miller, presiding.

ENTERTAINMENT

Live television and radio broadcast tickets will be available for members and guests. The May 10th President's dinner and ball tickets may be purchased at the C.M.A. registration desk in the Ballroom. The May 11th luncheon tickets may be obtained at the Auxiliary registration desk.

Technical Exhibits

The technical exhibitors will be housed this year in the Ballroom, the Ballroom Foyer, and the Music Room. There will be 98 exhibitors, displaying the newest products and services for the benefit of those attending the meeting.

Exhibits have been arranged to allow a maximum of space for circulation and for visiting with the exhibitors.

All physicians and their registered assistants are welcome in the exhibit areas and it is hoped that all will take advantage of this opportunity to refresh themselves on everything that is new and good in the science and art of medical practice. Only at annual meetings is such a display available.

Under the five-day meeting schedule this year, ample time will be available for visiting the exhibits. Please take this time to visit with the exhibitors, to learn about new items for yourself and to show your exhibitors that you appreciate their substantial contribution to your annual session.

A list of exhibitors and their displays is given below.

Room and Booth No.

ABBOTT LABORATORIES — **Ballroom—48**
North Chicago, Illinois

Abbott Laboratories will exhibit IBEROL, a therapeutic iron and vitamin tablet which offers effective control of hypochromic microcytic anemia.

Each IBEROL tablet represents 0.35 Gm. Ferrous Sulfate, U.S.P., and the following nutritional constituents: Thiamine hydrochloride, 2 mg.; riboflavin, 2 mg.; nicotinamide, 10 mg.; pyridoxine hydrochloride, 1 mg.; pantothenic acid (as calcium pantothenate), 2 mg.; folic acid, 1.7 mg.; ascorbic acid, 50 mg., and liver fraction (three parts 70% alcohol-insoluble fraction and one part 70% alcohol-soluble fraction), 0.5 Gm.

Three IBEROL tablets daily supply 210 mg. of elemental iron for the increase of hemoglobin in the treatment of iron deficiency anemia. This dose also supplies six times the minimum daily requirement for thiamine hydrochloride, three times the MDR for riboflavin, five times the MDR for ascorbic acid, 1½ times the recommended daily dietary allowance of nicotinamide, 3 mg. of pyridoxine hydrochloride, 6 mg. of pantothenic acid, 5.1 mg. of folic acid and 1.5 Gm. of liver fraction.

A. S. ALOE COMPANY — **Ballroom Foyer—3**
Los Angeles

We will have on display our own exclusive Steeline Examining and Treatment room furniture. This equipment is new in design and has many very attractive features. Also for your inspection: Laboratory and Physiotherapy equipment including the latest in Ultra Sonic Machines.

AMES COMPANY, INC. — **Music Room—63**
Elkhart, Indiana

CLINITEST, with urine sugar, according to an article in the November-December issue of the *American Journal of Medical Technology*, is standardized, which assures uniformly reliable results whenever and wherever a test is performed—office, ward, clinic, or patient's home. Standardization not only curtails error, but saves personnel's time by elimination of preparing and mixing of reagents.

ACETEST for Acetonuria, BUMINTEST for Albuminaturia, HEMATEST for occult blood, and ICTOTEST for Bilirubin will also be on display.

Room and Booth No.

THE ARMOUR LABORATORIES — **Music Room—82**
Chicago, Illinois

HP ACTHAR Gel, the Armour Laboratories' brand of purified corticotropin (ACTH) is featured at the Armour Laboratories booth, with particular emphasis on the use of HP ACTHAR Gel and in allergic manifestations such as contact dermatitis, weed and pollen allergies and skin sensitivities. We will also feature Armyl, Armatinic and Biopar.

AYERST, McKENNA & HARRISON LIMITED — **Ballroom—46**
New York, New York

Your are cordially invited to visit booth No. 46 to relax and discuss the Ayerst line of prescription specialties with our representatives. Literature and information relative to "Premarin" may be had at the booth. Representatives will be pleased to discuss new developments with you, answer any questions, or just have you visit. Here is an opportunity to become better acquainted with us.

BABY DEVELOPMENT CLINIC — **Ballroom—49**
Chicago, Ilinois

Maternity Counselling Service offers you demonstration material to aid in teaching expectant mothers: care and support of breast; support of abdomen and relief of back strain; personal hygiene and cleanliness. Preparation for infant and child care aids on bathing; feeding, toileting as well as care of feet. Material also available for well baby conferences.

THE BAKER LABORATORIES, INC. — **Music Room—81**
Cleveland, Ohio

You are invited to visit the Baker booth where you will receive a cordial welcome. Baker's Modified Milk and Varamel, two successful products for infant feeding, are on display.

Baker representatives will be glad to discuss with you the practical application of Grade A Milk, adjusted fat composition, zero curd tension, synthetic vitamins and other important factors which help to eliminate many of the problems in modern infant feeding.

Room and Booth No.

BARNES-HIND LABORATORIES, INC.

San Francisco — **Music Room—92**

Barnes-Hind Laboratories wishes to bring to the attention of the physician its sedative product TRANQUINAL. TRANQUINAL is indicated wherever true sedation is desired: anxiety states, certain gastrointestinal disorders, functional nervousness and stress in women, temperamental excitability, over-stimulus from amphetamines and like drugs. The advantages of TRANQUINAL are that TRANQUINAL is free of side- and after-effects, has a tremendous margin of safety (useful in the psychologically imbalanced patient), replaces atropine-hypnotic combinations advantageously in alimentary disorders, and is of foremost importance in daytime sedation since it tranquilizes the patient while avoiding the well-known disadvantages of barbiturates.

DON BAXTER, INC. — **Ballroom Foyer—9**

Glendale

Your Baxter representatives welcome this opportunity to discuss with you: CALORIGEN 1500, the well-tolerated, high-calorie tubal nutrient for nasogastric feeding; DEXTRAN, a plasma volume expander; and a full line of intravenous solutions in the VACOLITER container including ISOLYTE, KADALEX, and HYPROTIGEN. New improved all-plastic intubation tubes and administration sets will be available for your inspection.

BEECH-NUT PACKING COMPANY — **Ballroom—32**

Canajoharie, New York

Have you used the Beech-Nut Strained and Junior Foods for your GERIATRIC as well as your PEDIATRIC patients? Beech-Nut nutritionists will be present to answer any questions you may have regarding the products available for special feedings.

THE BORDEN FOOD PRODUCTS COMPANY

San Francisco — **Ballroom Foyer—17**

Elsie invites you to visit The Borden Company booth. Printed material and information on various uses of Borden's Evaporated Milk and Starlac will be available. Come, pause for a moment, and join us in a cup of delicious Borden Instant Coffee.

THE BORDEN COMPANY — **Ballroom—31**

New York, New York

There's no better place to talk over the latest information on infant feeding than the Borden Prescription Products booth. On display is the complete line of Borden infant formula products for every feeding purpose or preference. If you're encountering hyperirritability or excoriation, you'll be interested in BREMIL, a formula patterned upon breast milk. If you suspect milk allergy in some of your patients, you'll find the answer in MULL-SOY, leading hypoallergenic food (Liquid or Powdered). For prematures, or for digestive disturbances demanding low fat and high protein, DRYCO provides an ideal, flexible formula base. And if your preference is for liquid products, you'll want the latest facts about BIOLAC.

Room and Booth No.

BOYLE & COMPANY — **Ballroom—33**

Los Angeles

Featuring TRIVA for vaginitis; the Boyle HEMATINICS; Boyle PRE-NATALS; OPIDICE an aid in obesity management; our vitamin-mineral combination DEIMAL; and tandem action sedative PENTO DEL.

GEORGE A. BREON & CO. — **Ballroom—"B"**

San Francisco

George A. Breon & Co., distributors of Lanteen products, invites convention members to their exhibit of reproduction of well-known paintings by famous European artists at booth "B". Lithographic prints of these beautiful paintings are available upon request. Representatives will also be happy to discuss Lanteen products with visiting members.

A. M. BROOKS COMPANY — **Ballroom Foyer—8**

Los Angeles

We extend a sincere welcome to our many friends to visit us, in booth No. 8, where we shall exhibit electro-medical and physical therapy equipment, as follows: Raytheon MICROTHERM, (microwave) diathermy, Ultrasonic machines, Electrocardiographs (ink-writer and hot stylus), Ballistodyne Ballistocardiograph, Electrosurgical units, Audiometers, AMBCO Hearing Amplifier, portable, Ultraviolet and Infra Red Lamps, Rehabilitation equipment such as Restorator Exerciser, Anatomotor Exerciser Table, etc. Competent salesmen on hand at all times for information and demonstration of equipment.

BROWN & WILLIAMSON TOBACCO CORPORATION

Louisville, Kentucky — **Ballroom—"A"**

The exclusive Health-Guard Filter Tip in the VICEROY King Size Cigarette provides beneficial protection to the smoker against nicotine and tars. The 20,000 tiny filtering traps in each VICEROY Filter effectively remove far more nicotine and tars than any other leading cigarette, as proved by testing methods accepted by the United States Government. An explanation of the unique advantages in smoking VICEROY will be of real interest to members and guests who visit the VICEROY exhibit.

BURROUGHS WELLCOME & CO. (U.S.A.) INC.

Tuckahoe, New York — **Music Room—88**

'Marezine' Hydrochloride brand Cyclizine Hydrochloride —prevents and relieves motion sickness and vertigo without causing drowsiness.

- Syrup of *'Antepar'* Citrate brand Piperazine Citrate—eradicates pinworms. Pleasant to take.

'Tricoloid' brand Tricyclamol — Compressed, sugar-coated—new anticholinergic for relief of hyperacidity, functional diarrheas and gastrointestinal spasm.

ELDON H. CANRIGHT COMPANY, INC. — **Music Room—80**

Glendale

You are cordially invited to stop by our booth where qualified, courteous representatives will appreciate the opportunity of discussing a Canright specialty formula with you.

Room and Booth No.

CARNATION COMPANY — **Ballroom—59**

Los Angeles

You are cordially invited to visit the Carnation Company booth No. 59, where you will see an attractive display featuring colorful translites of famous Carnation Babies. Medical representatives will explain the reasons why Carnation Milk deserves consideration as your first choice for infant feeding, child feeding and general diet uses. Valuable literature will also be available for distribution.

CIBA PHARMACEUTICAL PRODUCTS, INC.

Summit, New Jersey — **Ballroom Foyer—1**

The Ciba exhibit (Booth No. 1) will feature SERPASIL, a pure crystalline alkaloid of Rauwolfia which usually produces mild, gradual, sustained lowering of blood pressure with a slowing of the pulse rate.

Representatives in charge of the Ciba booth will be pleased to discuss the role of SERPASIL in the treatment of hypertension and to furnish literature on this new drug.

THE COCA-COLA COMPANY — **Music Room—69**

Atlanta, Georgia

Ice cold Coca-Cola served through the courtesy and cooperation of the Coca-Cola Bottling Co. of Los Angeles and The Coca-Cola Company.

CONTINENTAL MEDICAL BUREAU, Agency

Los Angeles — **Music Room—67**

Continental Medical Bureau, Agency will be represented in booth No. 67. Stop here if you wish to review information on doctors or other medical personnel available for positions. Also register here if you are seeking a new location. This Bureau covers all western and southwestern states in addition to all areas of California, Hawaii, Alaska, Foreign. No registration fee. Information gladly. (Helen Buchan, Director.)

CUTTER LABORATORIES — **Ballroom Foyer—4**

Berkeley

Cutter Laboratories, booth No. 4, will display "Alhydrox" adsorbed toxoids and combined vaccines as well as the exclusive human blood fractions—Albumin, Hypertussis and the new human fibrinogen—Parenogen.

Also on exhibit will be the complete Cutter Saftiflask Solutions line, featuring the Saftitab Stopper—safer because it's solid, yet with open stopper convenience. The new built-in "Bend-the-Blue" Safticlamp on IV, blood and plasma infusion equipment will be demonstrated. At no extra cost this revolutionary new clamp provides precision control of fluid with just one hand. The Safticlamp is on all Cutter, all-plastic, expendable sets which are designed for safe pressure administration.

F. A. DAVIS COMPANY — **Music Room—91**

Philadelphia, Pennsylvania

The New Loose Leaf Cyclopedia of Medicine, Surgery and Specialties will be on display. Be sure to see the 1954 Loose Leaf Revision pages just issued. Also our medical textbooks, among them the new Hale *Clinical Anesthesia* and Ficarra *Emergency Surgery*, and new editions of Goodale *Clinical Interpretations of Laboratory Tests;* Alpers *Clinical Neurology* and Judovich and Bates *Pain Syndromes.*

Room and Booth No.

DESITIN CHEMICAL COMPANY — **Ballroom—50**

Providence, Rhode Island

Desitin Ointment: the pioneer in external cod liver oil therapy. Indications: diaper rash, slow healing wounds, burns of all degrees, lacerations, hemorrhoids and fissures.

Desitin Powder: a unique, dainty medicinal powder saturated with cod liver oil.

Desitin Hemorrhoidal Suppositories with Cod Liver Oil: coats ano-rectal area with soothing, lubricating cod liver oil, gives prompt relief of pain, allays itching.

Desitin Lotion: the original cod liver oil lotion, soothing, protective, mildly astringent and healing, in nonspecific dermatitis, pruritus, poison ivy, etc.

DEVEREUX SCHOOLS — **Music Room—84**

Devon, Pennsylvania

Large color photos of the school campus and leather, ceramic and jewelry items made by the children are featured in the Devereux Schools exhibit.

The Devereux Foundation offers "tailor made" education for children who are unable to adjust themselves in the public schools—either because of emotional, academic or intellectual problems.

In a boarding school setting, the Devereux Schools offer the finest educational and clinical facilities plus an outstanding staff of specialists to assist physicians to meet the need of their school age patients who are failing in their home communities.

THE DIETENE COMPANY — **Ballroom—54**

Minneapolis, Minnesota

Visit our exhibit and examine the free Diet Service for physicians. The diets are nutritionally well-balanced, easy to follow and made to appear as if they were typed in your office.

MERITENE, the economical and palatable whole protein supplement and DIETENE, the "Council-Accepted" Reducing Supplement will be on display.

DOHO CHEMICAL CORPORATION — **Ballroom—26**

New York, New York

Doho Chemical Corporation exhibits AURALGAN, the time-honored decongestant and pain reliever in Otitis Media, also for removal of Cerumen; RHINALGAN, the equally safe nasal decongestant for infants and the aged; NEW OTOSMOSAN, the fungicidal and bactericidal ear medication.

Mallon Chemical Corporation, a subsidiary, features RECTALGAN, the liquid topical anesthesia for relief of pain and discomfiture in hemorrhoids, pruritus and perineal suturing.

ENCYCLOPEDIA AMERICANA — **Ballroom Foyer—11**

Beverly Hills

The Americana Corporation proudly presents the greatest of all Americana Encyclopedias. Since 1949 three-fourths of the Americana text has been *completely revised and reset.* Thousands of new illustrations, the 1950 official census figures and new maps have been added, plus, over 300 new articles on American and Canadian cities never before in the set. Complete with year book and research privileges to keep its owners fully up to date. This new edition carries highest rating with our public schools, universities, colleges, libraries, government offices and better homes. Convenient terms if desired. Without any obligation we cordially invite your inspection.

Room and Booth No.

ENCYCLOPAEDIA BRITANNICA, INC. Music Room—87
Los Angeles

Encyclopaedia Britannica—EB's Biggest Revision in a Quarter of a Century! The 1954 Edition of Encyclopaedia Britannica is a new milestone in Britannica's 188-year-history, representing, as it does, the biggest revision—in a quarter of a century—of what has long been acknowledged as the world's most authoritative reference work. Approximately 3½ million word changes are involved in revisions affecting over 4,000 articles.

ENDO PRODUCTS Music Room—77
Richmond Hill, New York

Endo representatives will be discussing BALARSEN TABLETS, a new A.M.A. Council Accepted Arsenical (Arsthinol) for the treatment of amebiasis. CUMERTILIN TABLETS and AMPOULES, a new A.M.A. Council Accepted Organic Mercurial Diuretic (Mercumatilin). HYCODAN TABLETS and SYRUP, the A.M.A. Council Accepted Codeine derivative (dihydrocodeinone bitartrate) for COUGH only. LAURON, the A.M.A. Council Accepted Organic Gold (Aurothioglycanide) for Rheumatoid Arthritis.

CHARLES O. FINLEY & COMPANY Ballroom—27
Los Angeles

Come discuss your disability insurance problems concerning your own California Medical Association Group Disability Insurance.

C. B. FLEET CO., INC. Ballroom Foyer—22
Lynchburg, Virginia

During the past fifty years, Phospho-Soda (Fleet) has been a symbol of elegance in sodium phosphate medication. FLEET ENEMA DISPOSABLE UNIT—an enema solution of Phospho-Soda (Fleet)—is a worthy companion product. The single-use unit simplifies and assures satisfying preparation for proctoscopy and as a routine enema; it is a boon to the hospitalized patient.

E. FOUGERA & COMPANY, INC. Music Room—78
New York, New York

E. Fougera & Co., Inc. and Division, Varick Pharmacal Co., cordially invite physicians to discuss with Professional Service Representatives new preparations of importance to their every day practice. Descriptive literature and samples of all products will be available.

GEIGY PHARMACEUTICALS Music Room—60
New York, New York

The Geigy Exhibit features Council-accepted BUTAZOLIDIN (brand of phenylbutazone), an orally effective compound which has achieved great clinical success in the treatment of rheumatoid disorders. Also on display will be Council-accepted TROMEXAN, an oral anticoagulant of rapid action and little cumulation; EURAX Cream, a long-acting, non-sensitizing, antipruritic and scabicide; and PANPARNIT, indicated for symptomatic relief of Parkinson's Disease.

Room and Booth No.

GENERAL ELECTRIC COMPANY Ballroom Foyer—2
Milwaukee, Wisconsin

The new General Electric Imperial will be displayed. Look at the flexibility you get with a new General Electric Imperial. No other diagnostic x-ray unit approaches the flexibility offered by the new General Electric Imperial.

GERBER PRODUCTS COMPANY Music Room—85
Fremont, Michigan

When milk is contraindicated as the basic food for infants, Gerber's "Meat Base Formula" can provide a nutritionally adequate replacement. It is well accepted and tolerated by infants of all ages.

Your Gerber detailman invites you to evaluate "Meat Base Formula" and the complete line of supplementary baby foods. You are also invited to review new editions of Gerber's baby care and adult special diet booklets. Each is designed especially for distribution by physicians. Each provides non-controversial information in simple, easy-to-understand language. The service is complimentary.

JOHN F. GREER COMPANY Ballroom Foyer—16
Oakland

The John F. Greer Company will demonstrate the Greer Colostomy Compact in booth No. 16. Miss Jayne Greer will be in the booth to discuss any special appliance problems. Let us tell you about "Derma-Guard," the gum protective powder introduced at the American College of Surgeons meeting in October.

H. J. HEINZ COMPANY Ballroom—57
Pittsburgh, Pennsylvania

Heinz now presents Baby Foods in glass. The newer varieties are Strained Cream of Tuna and Junior Chicken Noodle Dinner. Strained Orange Juice, in tin of course, is featured also. You may wish to see the plastic spill-proof tumbler for weaning.

For your office, there is the ever-popular Nutritional Data and Variety and Ingredient Listing Pad.

Available for your patients is the following literature: *Your Baby's Diet; Junior Foods—For Older Children; Recipe Magic—Using Heinz Strained and Junior Foods; Facts About Foods.*

HOFFMANN-LA ROCHE, INC. Ballroom—55
Nutley, New Jersey

You will find both Gantrisin and Gantricillin products featured in the Roche display. The new Gantricillin products will be of special interest to you because they provide the wider antibacterial spectrum and higher solubility of Gantrisin together with the antibacterial action of penicillin G. Our representatives will welcome your questions on these and other Roche products.

HOLLAND-RANTOS COMPANY, INC. Ballroom—42
New York, New York

Representatives will gladly discuss with interested physicians the *diffusion test for evaluation of the spermicidal time* of contraceptive preparations—with particular reference to KOROMEX Jelly and Cream. Available Koromex Diaphragm Sets will be exhibited for your inspection.

Room and Booth No.

ROGER JESSUP CERTIFIED FARM — **Music Room—97**
Glendale

The exhibit of Roger Jessup Certified Farm will tell the story of Certified Milk, what it is, how it is produced (methods and standards), and its nutritional values. Certified Milk has retained a position of leadership in the dairy industry which has exerted an influence far greater than the volume of its sales may indicate. It is the object of Roger Jessup Certified Farm to help retain this leadership. It is our belief that Certified Milk is the highest grade of milk obtainable. Our exhibit booth will be staffed with people who have an excellent knowledge of all phases of the production and value of Certified Milk today.

LEDERLE LABORATORIES — **Ballroom Foyer—10**
New York, New York

You are cordially invited to visit our exhibit in booth No. 10 where you will find our representatives prepared to give you the latest information on LEDERLE products.

LIEBEL-FLARSHEIM COMPANY OF CALIFORNIA, INC.
Oakland — **Ballroom Foyer—14**

Liebel-Flarsheim of California, Inc. and the W. W. Wiley Company will exhibit the Liebel-Flarsheim Model SW-660 diathermy, which utilizes the patented L-F Hinged Drum and features air-spaced plate techniques and special applications for "hard-to-treat" areas with the utility applicator.

An office model of the world-famed "bovie" electrosurgical unit will also be shown and demonstrated.

Competent, factory-trained field representatives will be on hand to assist in any way possible with technical problems and questions of application.

Your attention and patronage are earnestly solicited.

ELI LILLY AND COMPANY — **Music Room—75 & 76**
Indianapolis, Indiana

You are cordially invited to visit the Lilly exhibit located in space numbers 75 and 76. The display will contain information on recent therapeutic developments and will feature the story of the Lilly Junior Taste Panel. Lilly sales people will be in attendance. They welcome your questions about "Ilotycin" (Erythromycin, Lilly) and other Lilly products.

J. B. LIPPINCOTT COMPANY — **Music Room—61**
Philadelphia, Pennsylvania

J. B. Lippincott Company presents, for your approval, a display of professional books and journals geared to the latest and most important trends in current medicine and surgery. These publications, written and edited by men active in clinical fields and teaching, are a continuation of more than 100 years of traditionally significant publishing.

LLOYD BROTHERS, INC. — **Music Room—66**
Cincinnati, Ohio

The Lloyd exhibit will feature the newest concepts of treatment in the fields of gastric hyperacidity, anemia and "nervous exhaustion." Our qualified representatives will welcome an opportunity to present the latest clinical results of current research to each physician in attendance.

P. LORILLARD COMPANY — **Ballroom—"D"**
New York, New York

P. Lorillard Company, manufacturers of OLD GOLD and EMBASSY Cigarettes as well as BRIGGS Pipe Mixture and other famous tobacco products will exhibit and demonstrate their new KENT Cigarettes with the exclusive Micronite Filter, which takes out up to seven times more nicotine and tars than other filter cigarettes.

LOV-E BRASSIERE COMPANY — **Ballroom Foyer—18**
Hollywood

We invite you to inspect our highly specialized line of therapeutic breast supports which enable the physician to prescribe remedial support for specific breast conditions. Each LOV-E brassiere is custom-fitted inch-by-inch to your patient's personal measurements . . . and in exact accordance with your instructions. Special brassieres for prenatal, postpartum, atrophic, hypertrophic and mastectomy. LOV-E Corrective brassieres are available in leading department stores and corset shops throughout the West. Our representative will be very happy to answer any questions.

M & R LABORATORIES — **Music Room—80**
Columbus, Ohio

Your SIMILAC representatives are happy to take part in this meeting. They are pleased to have the opportunity to discuss with you the role of SIMILAC in infant feeding. They have for you the latest Pediatric Research Conference Reports. Also available are current reprints of pediatric nutritional interest.

MARLYN CO., INC. — **Ballroom—51**
Los Angeles

Marlyn Co., Inc. extends a cordial invitation to visit booth No. 51, where our representatives will be pleased to give you information on our featured product Test-Estrin or other products of our manufacture.

S. E. MASSENGILL COMPANY — **Ballroom—28**
Bristol, Tennessee

You are invited to visit the S. E. Massengill Company booth. Adrenosem, the new Massengill systemic hemostatic, is featured. Adrenosem is a specific in treating those conditions characterized by increased capillary permeability. Our representatives will be glad to discuss with you the latest information and clinical evaluation of this product.

McNEIL LABORATORIES, INC. — **Ballroom—36**
Philadelphia, Pennsylvania

Members of the California Medical Association are cordially invited to visit our booth No. 36, Mr. Hugh A. Harley in charge. Products to be featured are Butisol Sodium, Clistin Maleate, Butisol-Belladonna, Syndrox Hydrochloride, Algoson and Sustinex.

Room and Booth No.

MEAD JOHNSON AND COMPANY — **Ballroom Foyer—12**
San Francisco

Mead Johnson & Company, booth No. 12, will feature Lactum, Mead's liquid formula for infant feeding; Poly-Vi-Sol and Tri-Vi-Sol, superior vitamin supplements for infants; Panalins and Panalins-T, new vitamin capsules based on the new National Research Council's recommendations for vitamin maintenance and therapy. Natalins, the smaller, complete prenatal capsules, and Mulcin, the new orange-flavored vitamin liquid, will also be shown.

MEDCO PRODUCTS COMPANY — **Ballroom—25**
Tulsa, Oklahoma

The MEDCOLATOR Stimulator, for the stimulation of innervated muscle or muscle groups ancillary to treatment by massage, is a low volt generator that will generate plenty of your interest. Electrical muscle stimulation is a valuable form of rehabilitation therapy. Be sure to visit our booth for a personal demonstration.

THE MEDICAL CENTER AGENCY — **Ballroom Foyer—21**
San Francisco

The Medical Center Agency, San Francisco, has for many years been the placement Center for physicians. If you are seeking a well-qualified colleague or new member for your staff, you will find the Medical Center Agency able to offer you the opportunity to choose from many applicants. Our complete registry of Specialists and General Practitioners enables you to select not only a man with ability but offers you a wide choice of personalities for a pleasant, cooperative associate.

If you are a physician looking for an association with an established group or individual in your special field, please stop at our booth to discuss available opportunities.

Interviews and listings will, of course, be treated with every confidence. (Norma Rohl, Director.)

THE MEDICAL PROTECTIVE COMPANY
Fort Wayne, Indiana — **Ballroom Foyer—15**

Having completed another year in which not a single policyholder suffered involuntary loss from his own pocket in a malpractice claim or suit defended by this unique organization, despite large losses reported elsewhere, The Medical Protective Company, Specialists in Professional Protection Exclusively since 1899, invite your visit with its representatives at booth No. 15. Answers to problems in the Doctor-Patient relationship are yours for the asking.

THE WM. S. MERRELL COMPANY — **Ballroom—56**
Cincinnati, Ohio

TACE, the unique non-steroid developed by Merrell, *offers a new approach to the treatment of the menopause.*

TACE is temporarily stored in body fat, and released over an extended period of time. One course of TACE therapy is generally all that is required to ease many patients into the symptom-free postmenopausal period. Symptom relief is excellent, and side effects are virtually absent.

Merrell professional service representatives will be present to answer any questions you may have concerning this new and distinctive estrogen. They will be happy to discuss other Merrell specialties as well.

Room and Booth No.

MILLER SURGICAL COMPANY — **Music Room—83**
Burbank

ILLUMINATION AT ITS BEST! Featuring electrically lighted otoscopes, ophthalmoscopes, eye-spuds, vaginal and rectal scopes in various sizes. Plastic or stainless steel. A portable Electro-Scalpel weighing only 19 pounds, for cutting, desiccating, fulgurating and coagulating.

Be sure to stop and see our new vaginal speculum with built-in smoke ejector; also infant pelvic and rectal instruments.

THE C. V. MOSBY COMPANY — **Music Room—93**
St. Louis, Missouri

A number of new books and new editions are available for the inspection of those interested at The C. V. Mosby Co., booth No. 93. There also will be a display for inspection purposes of the entire line of Medical Journals published by The C. V. Mosby Co.

NATIONAL DRUG COMPANY — **Music Room—62**
Philadelphia, Pennsylvania

THE NETTLESHIP COMPANY — **Music Room—71**
Los Angeles

Administrators of professional liability and group accident and health programs for seven County Medical Associations in Southern California. Qualified representatives available to discuss problems pertaining to hospital or individual professional liability coverage, accident and health insurance, or other types of insurance.

Literature, which will assist in the prevention of claims and various forms to be used to protect, as far as possible, against malpractice claims.

ORTHO PHARMACEUTICAL CORPORATION
Raritan, New Jersey — **Music Room—72**

ORTHO cordially invites you to booth No. 72 where the well known line of obstetrical and gynecological pharmaceuticals will be on display. Particular emphasis will be placed on Ortho preparations for conception control. Ortho representatives will be on hand to offer pertinent information on their products.

PARKE, DAVIS AND COMPANY — **Ballroom—39**
Detroit, Michigan

Medical Service members of our staff will be in attendance at our exhibit for consultation and discussion of various products of particular interest to members of the Association. Important specialties, such as Penicillin S-R, Benadryl, Ambodryl, Dilantin Suspension, Vitamins, Oxycel, Thrombin Topical, etc., will be featured. You are cordially invited to visit our exhibit.

PELTON & CRANE COMPANY — **Ballroom Foyer—20**
Detroit, Michigan

Those attending the California Medical Association meeting are cordially invited to visit our booth and see our fine line of autoclaves. Of special interest will be the FL-2, the LV and the HP-2 Autoclaves we will have on display.

Room and Booth No.

PERSON & COVEY — **Music Room—86**

Glendale

Person & Covey exhibit will feature a new RAUWOLFIA SERPENTINA preparation; HYDRAL CAPSULES, brand of Chloral Hydrate, a non-barbiturate hypnotic in tasteless, odorless gelatin capsules; and B-TANE, brand of free-base Betaine, a transmethylating agent.

PET MILK COMPANY — **Ballroom—43**

San Francisco

Pet Milk Company will display their new services to doctors regarding diet management and infant feeding instructions. All of these are designed to give physicians a proper adequate formula and diet information so as to conserve their time.

Samples of our new product, Pet Nonfat Dry Milk will be shown and miniature evaporated milk cans will be given to all visitors at our display.

PFIZER LABORATORIES — **Ballroom—40**

Brooklyn, New York

You are cordially invited to visit the Pfizer booth where you will find well-informed representatives who will be happy to supply you with information and answer any questions relative to Pfizer products. Terramycin dosage forms and Pfizer-Syntex Hormone products will be the feature attraction of the Pfizer exhibit.

PICKER X-RAY OF SOUTHERN CALIFORNIA

Los Angeles — **Ballroom—38**

You are cordially invited to visit our booth and see the latest in x-ray accessories. Well-informed representatives will be present to assist you in any way.

PITMAN-MOORE COMPANY — **Music Room—96**

Indianapolis, Indiana

Pitman-Moore Company will feature Veralba Tablets and Injection, a brand of protoveratrines A and B, for the treatment of hypertension. This product, which is Council-accepted by the American Medical Association, is the original chemically standardized brand of protoveratrines, which permits a high degree of effectiveness through accurate dose establishment.

R. J. REYNOLDS TOBACCO COMPANY

Winston-Salem, North Carolina — **Music Room—64 & 65**

Welcome to the CAMEL-CAVALIER exhibit! You are cordially invited to receive a cigarette case (monogrammed with your initials) containing your choice of CAMELS, America's most popular cigarette, or CAVALIERS, the king size cigarette of extra mildness and distinctive flavor.

RIKER LABORATORIES, INC. — **Ballroom—29**

Los Angeles

Riker Laboratories, Inc., presents Rauwiloid, Rauwiloid + Veriloid, and Rauwiloid + Hexamethonium. Rauwiloid is an alkaloidal extract obtained from the tropical plant Rauwolfia serpentina. Rauwiloid is the medication of choice in mild and moderate hypertension. In chronic, severe, fixed, or resistant hypertension, the hypotensive activity of Rauwiloid can be enhanced by the simultaneous administration of other, more potent hypotensive agents in order to produce the greater response required. For this purpose Rauwiloid + Veriloid and Rauwiloid + Hexamethonium are available and offer many advantages such as apparent potentiation of hypotensive action, reduction of dosage required, and side actions of the more potent agents.

A. H. ROBINS COMPANY, INC. — **Music Room—89**

Richmond, Virginia

Physicians attending the California Medical Association are extended a cordial invitation to visit the exhibit of the products of the A. H. Robins Company.

Experienced medical representatives will be in attendance to welcome you and answer inquiries relative to any of Robins' prescription specialties.

J. B. ROERIG AND COMPANY — **Ballroom—"C"**

Chicago, Illinois

Members of the California Medical Association are cordially invited to visit the booth of J. B. Roerig and Company. Professional Service Representatives will be on hand to welcome all interested visitors.

SANBORN COMPANY — **Ballroom—58**

Cambridge, Massachusetts

Latest model Sanborn instruments for clinical diagnosis to be shown at booth No. 58 will include the Viso Cardiette, direct-writing electrocardiograph, and the Metabulator, self-enclosed metabolism tester. Complete data will also be available on the Sanborn Twin and Poly Visos, two and four channel Biophysical Research recording systems, on the Sanborn Electromanometer, widely used instrument for physiologic pressure measurements, and on the new Sanborn Twin-Beam, two-channel recorder for simultaneous (or separate) recording of phonocardiograms and electrocardiograms.

SANDOZ PHARMACEUTICALS — **Ballroom—41**

San Francisco

This display will feature Cafergot tablets and suppositories for the treatment of migraine headache; Cedilanid, a cardiac glycoside; Hydergine for early cerebral vascular accidents, hypertensive headache and peripheral vascular disease; Fiorinal for tension headache.

W. B. SAUNDERS COMPANY — **Ballroom—24**

Philadelphia, Pennsylvania

A complete line of Saunders' up-to-date titles will be at the disposal of all physicians for their careful inspection. Keith Chrysler, your Saunders man, invites you to stop by.

SCHERING CORPORATION — **Ballroom—35**

Bloomfield, New Jersey

Members of the California Medical Association and their guests are cordially invited to visit the Schering exhibit where new therapeutic developments will be featured.

Schering representatives will be present to welcome you and to discuss with you these products of our manufacture.

Room and Booth No.

JULIUS SCHMID, INC. — **Ballroom Foyer—19**

New York, New York

RAMSES Gynecological Products. Julius Schmid, Inc., have prepared an interesting and informative exhibit on their products—RAMSES Flexible Cushioned Diaphragm, RAMSES Vaginal Jelly and other RAMSES Gynecological Products all of which enjoy A.M.A. Council acceptance. Introduced to the medical profession more than three decades ago, the RAMSES line today is better than ever because of the firm's continuous research and improvement.

G. D. SEARLE & CO. — **Ballroom—52**

Chicago, Illinois

You are cordially invited to visit the Searle booth where our representatives will be happy to answer any questions regarding Searle Products of Research.

Featured will be Vallestril, the new synthetic estrogen with extremely low incidence of side reactions; Banthine, and Pro-Banthine, the standards in anticholinergic therapy; and Dramamine, for the prevention and treatment of motion sickness and other nauseas.

SHARP & DOHME — **Ballroom—47**

Philadelphia, Pennsylvania

The many indications for 'Hydrocortone' or 'Cortone' highlight the therapeutic importance of these hormones in everyday practice. Research data relative to more effective therapy where penicillin is used in conjunction with 'Benemid' probenecid completes the exhibit. Expertly trained personnel solicit discussions on these observations.

SMITH-DORSEY — **Music Room—94**

Lincoln, Nebraska

Smith-Dorsey will feature in its exhibit two outstanding new anti-hypertensive products—RAUTENSIN and RAUVERA. RAUTENSIN represents a mixed alkaloidal extract (alseroxylon fraction) obtained from Rauwolfia serpentina. In RAUVERA, alseroxylon is combined with alkavervir, an alkaloidal fraction of Veratrum viride. RAUVERA is indicated in moderate, severe, fixed or chronic essential hypertension, while RAUTENSIN is particularly valuable as a hypotensive-sedative agent in mild and moderate hypertension. Complete literature on both products will be available at the booth. Our representatives will welcome any questions regarding these new Rauwolfia products.

SMITH, KLINE & FRENCH LABORATORIES — **Ballroom—30**

Philadelphia, Pennsylvania

The S.K.F. booth will feature 'Spansule'—sustained release capsules—the revolutionary new oral dosage form. Just one 'Spansule' capsule, taken on arising, provides a uniform supply of medication throughout the day. Thus, 'Spansule' capsules offer you three advantages: (1) smooth, uniform action, (2) prolonged therapeutic effect, and (3) convenient once-a-day dosage.

E. R. SQUIBB & SONS — **Ballroom Foyer—23**

New York, New York

At booth No. 23, E. R. Squibb & Sons features Raudixin, the *safe* hypotensive agent. Raudixin contains the whole root of Rauwolfia serpentina accurately standardized for uniform hypotensive and sedative effect. Our representative will be glad to discuss with you the advantages of Raudixin used alone or in combination with other drugs.

J. W. STACEY, INC. — **Ballroom Foyer—13**

San Francisco

An extensive collection of the new books in medicine and surgery will be on display by J. W. Stacey, Inc., in booth No. 13. We cordially invite you to come in and browse at your leisure and see the books reflecting progress in the fields of your special interest. Stacey's offers a composite display of the books of many publishers and annually shows only the new publications.

STAYNER CORPORATION — **Music Room—68**

Berkeley

Stayner Corporation hopes that your attendance here at the California Medical Association will be enjoyable and pleasant.

At booth No. 68 our representatives will be happy to see you and to discuss any of the some 120 products of our manufacture. Stayner will feature several new products which have proved of interest to the medical profession.

A new brochure on the importance of "Potassium Therapy in Medicine and Surgery" is available. To meet the growing awareness of the need of more adequate potassium replacement therapy, Stayner has developed a 15 grain (1.0 Gm.) "timed" enteric coated tablet—"PCS-15"—for convenience of administration and prescribing.

THE STUART COMPANY — **Ballroom Foyer—6**

Pasadena

The Stuart Company will exhibit their complete line with special information and literature on Normacid, Theron, Stuart Prenatal and Stuart Formula.

U. S. VITAMIN CORPORATION — **Ballroom—37**

New York, New York

See the "oil-in-water" demonstration of liposoluble vitamins A and D made completely water soluble . . . a vitamin technical achievement originated and developed by the U. S. Vitamin Corporation Research Laboratories.

Three pharmaceutical firsts . . . Vi-Syneral Vitamin Drops—multivitamins in drops solution; Vi-Syneral Injectable—multivitamin parenteral solution and now Vi-Aquamin—aqueous vitamins and minerals in a single capsule.

We cordially invite you to our booth for detailed literature and professional samples.

THE UPJOHN COMPANY — **Music Room—79**

Kalamazoo, Michigan

Our exhibit will feature CORTEF, brand of hydrocortisone acetate.

CORTEF is available in two forms, oral and topical. Each is applicable where cortisone is indicated. Clinical and practical reports have been very dramatic.

Upjohn representatives will be on hand to discuss CORTEF, and other Upjohn products, with interested visitors.

Room and Booth No.

WALKER LABORATORIES, INC. — Music Room—74
Mount Vernon, New York

PRECALCIN, the complete prenatal product supplying all essential vitamins and minerals will be exhibited. PRECALCIN is unique in that the capsules contain a dry powder fill with no fish liver oils, thereby providing excellent tolerance and patient appeal. Other outstanding preparations will also be featured and our representatives present will be glad to discuss all aspects of current therapy in their particular fields.

WALTERS SURGICAL COMPANY — Ballroom Foyer—5
Los Angeles

Walters Surgical Company will exhibit the latest medical and electro medical equipment, including Ritter all-purpose Motor Table, Fischer Fluoroscopic X-Ray Unit, Ultra Sonic Units, and Electro Physical Laboratories' new PC-3 Cardiotron and Metabasal.

WARNER-CHILCOTT LABORATORIES — Ballroom—34
New York, New York

Two important cardiovascular agents will be featured at the Warner-Chilcott booth: Methium—to lower blood pressure and relieve hypertensive symptoms, and Peritrate—to prevent attacks in angina pectoris. Representatives and research personnel will welcome an opportunity to discuss these drugs with you.

WESTERN SURGICAL SUPPLY COMPANY
Los Angeles — Ballroom—44 & 45

Western Surgical Supply Company will display diathermy and physiotherapy equipment, sterilizer, autoclaves, furniture, instruments, stainless steel ware, lights, laboratory supplies, and physicians' supplies of all kinds.

WESTINGHOUSE ELECTRIC CORPORATION
Baltimore, Maryland — Ballroom Foyer—7

Our representatives will be pleased to meet you and discuss your future or present requirements from the details in the Dark Room to the style and type of equipment for your specialty.

They are well prepared to custom-plan your x-ray facilities for present and future use.

Westinghouse appreciates this opportunity to present our x-ray products to you at this meeting.

Room and Booth No.

WESTWOOD PHARMACEUTICAL — Ballroom—53
Buffalo, New York

Westwood features its NEW, greatly improved LOWILA CAKE. It's smooth, slippery, gives oceans of suds and compares with soap in stability. We will give physicians a cake for personal use at the hotel, to prove that it gives the use-satisfaction of soap but is kind to sensitive skin.

WHITE LABORATORIES, INC. — Music Room—90
Kenilworth, New Jersey

WHITE'S "PHONOSCOPE" enables you to hear some of the heart sounds commonly encountered in clinical medicine and to see graphically displayed the associated electrocardiograms, carotid artery pulsations and apical stethograms. GITALIGIN (amorphous gitalin) which has been described as a "... digitalis preparation of choice" will be on display.

WINTHROP-STEARNS, INC. — Music Room—73
New York, New York

Winthrop-Stearns, Inc., New York, invite you to visit booth No. 73, where the following products will be featured—APOLAMINE, new synergistic compound for more efficient control of nausea and vomiting due to pregnancy, radiation sickness, and other causes; ALEVAIRE, nontoxic inhalant which thins sticky pulmonary secretions in bronchitis, bronchiectasis, and neo-natal asphyxia; TELEPAQUE, the new, highly effective and well tolerated oral cholecystopaque medium. Gives denser, clear-cut pictures of the gallbladder and, in a substantial number of cases, also permits visualization of the biliary ducts.

WYETH LABORATORIES — Music Room—95
Philadelphia, Pennsylvania

The display of Wyeth Laboratories will feature BICILLIN, the new penicillin compound, in various forms: BICILLIN All-Purpose, for prophylaxis and treatment in surgical infections; BICILLIN C-R, for use in general practice; BICILLIN Injection (various strengths), for prophylaxis of rheumatic fever; Oral Suspension BICILLIN, highly effective, stable, nontoxic and delightfully palatable. Also, PHENERGAN, a powerful, long-acting antihistamine effective in controlling all the allergic manifestations that are amenable to antihistaminic therapy; and THIOMERIN, the new mercurial diuretic adaptable to subcutaneous self-administration.

OFFICERS AND DELEGATES

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DWIGHT L. WILBUR, San Francisco.....Editor
JOHN HUNTON, San Francisco.....Executive Secretary
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Members of House of Delegates—51st Annual Session

TOTAL DELEGATES (301)

DELEGATES EX-OFFICIO (39)

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Arlo A. Morrison, Ventura.....President-Elect
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Wilbur Bailey, Los Angeles.....Vice-Speaker of House of Delegates
Albert C. Daniels, San Francisco.....Secretary-Treasurer
Dwight L. Wilbur, San Francisco.....Editor
Francis E. West (1955).....Councilor 1st District
Omer W. Wheeler (1956).....Councilor 2nd District
H. Clifford Loos (1954).....Councilor 3rd District
J. Philip Sampson (1955).....Councilor 4th District
Robert O. Pearman (1956).....Councilor 5th District
Neil J. Dau (1954).....Councilor 6th District
Hartzell H. Ray (1955).....Councilor 7th District
Sidney J. Shipman (1956).....Councilor 8th District
Donald D. Lum (1954).....Councilor 9th District
Warren L. Bostick (1955).....Councilor 10th District
Ralph C. Teall (1956).....Councilor 11th District
Arthur E. Varden (1954).....Councilor-at-Large
Ivan C. Heron (1954).....Councilor-at-Large
Benjamin Frees (1955).....Councilor-at-Large
Hollis L. Carey (1955).....Councilor-at-Large
Arthur A. Kirchner (1956).....Councilor-at-Large
T. Eric Reynolds (1956).....Councilor-at-Large

ELECTED DELEGATES (262)

Delegates	*Alternates*
Alameda-Contra Costa County (22)	
Allen, Dorothy M.	Allington, Herman V.
Barr, James A.	Attwood, C. J.
Baxter, Philip N.	Bartlett, J. C.
Bolender, Melvin	Benson, K. W.
Clausen, Edwin	Buehler, Merle
Dozier, Thomas J.	Crockett, H. C.
Dugan, David	Crum, R. Abbott
Fraser, L. H.	Daily, Kaho
Gadwood, Bernard B.	Due, Floyd
Graeser, James B.	Fornoff, Homer
Henderson, Ernest W.	Furbush, Claude
Hudson, Charles	Hadden, Malcolm
Kaiser, William	Haight, Frank
Kern, Max	Hart, Charles
Lawrence, Lester	Kerns, Claude L.
Leet, Robert S.	Maloney, H. P.
Logan, Noble	Richards, Dexter, Jr.
Reavis, James	Royce, Byron
Reynolds, T. E.	Sadusk, Joseph
Shumaker, Paul	Schriber, Paul
Thebaut, Maxwell	Snook, Helen Jean
Truman, Stanley R.	Stephens, Stuart
Butte-Glenn County (2)	
Elmendorf, Thomas	Casey, Donald
O'Neill, Frank I.	McCulloch, Charles S.
Fresno County (5)	
Argo, W. L.	Arthur, J. M.
Ghormley, Verne	Berg, Bruce
Halley, E. C.	Howard, Arthur
Randel, Henry A.	Murray, John F.
Young, J. E.	Olson, George
Humboldt County (2)	
Olson, Fred A.	Crane, Clarence
O'Neil, Francis H.	Eley, James S.
Imperial County (2)	
Bostwick, Jack R.	Schoensee, Burke
Holleran, George C.	Thompson, Edgar A.
Inyo-Mono County (2)	
Curtis, C. C.	Denton, Robert W.
Scott, C. L.	Mason, J. Lloyd
Kern County (3)	
Ogden, Roderick A.	Douds, Robert
Patrick, Robert A.	Forney, Robert
Vaughan, J. E.	Scherb, Robert E.
Kings County (2)	
Brother, Paul	Christensen, Lloyd
Chamlee, William F.	
Lassen-Plumas-Modoc County (2)	
Davis, Fred, Sr.	Greenman, R. A.
Priest, Allen	McKenney, J. Paul

Delegates	*Alternates*
Los Angeles County (99)	
Alsberge, Marden A.	Abbey, John D.
Anderson, Floyd K.	Adams, Lawrence
Andrews, Herbert J.	Anderson, Phillip A.
Bailey, Arthur T.	Annis, Arthur J.
Ball, Elmer J.	Ashley, Kennerley C.
Bay, Max W.	Baker, Francis J.
Beckenbach, Madelene	Beckner, George L.
Bennett, Ralph L.	Beckner, Gordon B.
Boehme, Earl J.	Beers, Reid L.
Buerger, Walter R.	Beltz, Daniel
Bullock, Lewis T.	Bittner, Linus H.
Burns, Behle B.	Blackmun, Robert L.
Burwell, L. C.	Bloch, Jesse L.
Calmenson, Marvin	Blong, Peter H.
Carter, Robert V.	Boyd, Harold
Caruso, Tenero D.	Bradford, Fred E.
Champion, John G.	Brayton, Donald
Chappel, Merwin Reid	Brown, George E.
Clough, William C.	Buell, Arthur H.
Coffelt, R. Wendell	Byrne, Ralph V.
Commons, Robert R.	Cardey, Norman L.
Conti, James G.	Cornell, Chester E.
Cook, Wells C.	Crowe, Harold E.
Cosgrove, Clair P.	Dahlman, Rynol A.
Cosgrove, Jay B.	Dassett, J. W.
Costolow, William E.	Davis, Charles L.
Craig, Lyle G.	Donath, Douglas
Crane, Edward H., Jr.	Eaves, George Bennett
Cunnane, Philip J.	Ellmore, Lewis F.
Denman, Dean C.	Farris, Jack M.
Desimone, Leon O.	Feinfield, Arthur
Doyle, James C.	Foster, Percy A.
Einstein, Robert A. J.	Gannon, William A.
Ewens, Frederic	Gaspard, Frederic J.
Fisher, Robbin E.	Gilbert, Wallace G.
Foster, Paul D.	Gilfillan, Charles
Gairdner, Thomas M.	Glazier, McCleery
Gooel, Elmer F.	Golenternek, Dan
Graham, William E.	Gottschalk, G. Howard
Haining, Robert B.	Groth, George W., Jr.
Helms, Robert W.	Haines, Charles L.
Hoffman, Arthur M.	Hallstone, Victor E.
Hoffman, Eugene F.	Hamilton, John B.
Hohl, Elizabeth Mason	Hansen, Phil
Holland, Frank F.	Harvey, Bernard J.
House, Howard P.	Harvey, Oscar
Huff, Louis L.	Haworth, Walter L.
James, John B.	Henry, Richard J.
Kahn, Julius	Hiemstra, Wybren
Kidd, Thomas R.	Hoover, Harold R.
Lambertson, E. R.	Huffman, L. Dale
Langan, Arthur John	Hughes, Clifford M.
LeValley, Thomas A.	Johnson, Fordyce
Ludwig, J. Lafe	Jones, Glen Ellis
Martin, Louis E.	Kaftan, Ludwig L.
Martin, Walter P.	Kahlstrom, Sylvia
Mauer, Edgar F.	Kendig, Thomas A.
Mendelsohn, Howard A.	Kirby, Frederick G.
Moes, Robert J.	Knox, Stuart C.
Moore, Oliver	Lange, Henry J.
Morgan, Henry G.	Le Moncheck, Edward
Morrow, James J.	Lloyd, O. Dale
Nugent, Maurice W.	Lopizich, Ivo J.
O'Connor, Joseph P.	Luck, J. Vernon
O'Neill, J. Norman	Macdonald, William Alan
Otto, Frank W.	Mann, Albert W.
Padgett, W. DeGrove	McDonald, John B.
Paletz, Bernard E.	McNiel, Edwin E.
Parks, Floyd R.	Molony, Clement J.
Petit, Donald W.	Mueller, E. J., Jr.
Pheasant, Homer C.	Mumler, William C.
Pindell, Merl Lee	Nicoll, Gordon A.
Pottenger, F. M., Jr.	Olson, Paul Frederick
Prichard, Hubert J.	Packer, George L.
Quinn, William F.	Parker, Donald D.
Randall, Morton H.	Poulson, Charles T.
Regan, James F.	Rabwin, Marcus H.
Remmen, E. T.	Rago, Marco Robert
Reyes, J. M. de los	Raszkowski, Harvey J.
Richards, Walter D.	Reed, Joseph C.
Rolf, Bruce B.	Roberts, Chester L.
Rosenbaum, Maurice M.	Rolland, Ward M.
Rosenow, Edward C., Jr.	Schade, Frank F.
Ruddock, John C.	Schroeder, Herbert H.
Schroeder, Ralph L.	Scott, Walter
Shelton, Robert M.	Seibly, Robert C.
Short, J. Edward	Shery, Kurt T.
Sloan, Ralph Varian	Smith, Earl H.
Smith, Gordon K.	Smith, Eldon E.
Spickerman, Harold D.	Sommer, Melvin
Stein, Justin J.	Stokesbary, Delbert L.
Stern, Robert Leo	Thornburgh, Robert
Tennison, William J.	Thurber, Packard, Jr.
Todd, Malcolm	Turbow, Arthur O.
Turner, Ewing L.	Tyler, Edward T.
Tyroler, Frederic N.	Walker, Leon R.
Wadsworth, E. E., Jr.	Walker, Ralph H.
Wilson, Warren A.	Waller, Lorenz M.
Witherbee, Harold R.	Wilson, J. Walter

Delegates	*Alternates*
Madera County (2)	
Daggett, Gilbert G.	Butler, K. W.
Swift, Coe T.	Solberg, L. A.
Marin County (2)	
Culmer, J. William	Smart, William R.
Russell, Carroll A.	
Mendocino-Lake County (2)	
Hill, Thomas P.	Craig, Charles
Massengill, James B.	Smalley, Robert B.
Merced County (2)	
Hicks, Shelby	Haas, Hugh S.
Pimentel, George	Jackson, E. A.
Monterey County (3)	
Clark, Howard E.	Handley, Richard
Englehorn, T. D.	Miles, Howard C.
McPharlin, James H.	Mitchell, Allen Conrad
Napa County (2)	
Brignoli, Walter H.	Barber, Dale E.
Heegler, Fred	Marchus, Donald B.
Orange County (5)	
Galbraith, Harold F.	Donaldson, A. Norton
Gendel, Samuel	Maxwell, Milton M.
Price, J. B.	Struve, Edgar E.
White, Ralph E.	Weaver, Samuel
Wilson, L. E.	Wilcox, John G.
Placer-Nevada-Sierra County (2)	
March, Harry	Dunievitz, Max
Miller, William M.	Ruby, Saul
Riverside County (3)	
Aikin, William	Humphrey, Norton R.
Batzle, J. Harold	Long, James C.
Martin, Hugh H.	Quick, E. D.
Sacramento County (6)	
Chambers, Jack V.	Burden, Herbert S.
Dozier, Dave F.	MacDonald, Frank A.
Grayson, Charles E.	Pope, Glenn A.
Jones, Warren E.	Sarkisian, Milton V.
Kilroy, Dan O.	Simpson, E. E.
Yant, James H.	Wallerius, Raymond M.
San Benito County (2)	
Brown, R. E.	Taylor, Kent S.
Moore, E. N.	Young, David G., Jr.
San Bernardino County (5)	
Abbott, C. Norman	Hayhurst, Joseph S.
Coughlin, John H.	Marsh, Norman E.
Hadley, Carl M.	Melone, Frank C.
Martin, J. Needham	Pelkey, George L.
Vargas, Roger A.	Small, Carrol S.
San Diego County (11)	
Batten, Douglass H.	Carpenter, Walter F.
Hollander, Frederick G.	Dunklee, Patricia E.
Isenhour, Roger C.	Hall, Winston C.
Marlow, Arthur A.	Hokr, William K.
Martin, Worth L.	Hyde, Charles R.
Moore, A. E.	King, Ralph M.
Newman, Willard H.	Loveall, Robert
Pyle, Ross C.	Phalen, James R.
Robinson, Frank H.	Ravenscroft, James W.
Rumsey, John M.	Soldmann, W. T.
Telford, Joseph W.	Tancredi, Chester
San Francisco (30)	
Bender, William L.	Bonfilio, Nicholas D.
Birnbaum, Walter D.	Callaway, Claude P.
Burnham, DeWitt K.	Combs, Robert C.
Campbell, Donald M.	Franzi, Antonio J.
Campion, George	Gill, Gerald
Cheney, Garnett	Grimes, Orville F.
Cox, Francis J.	Herzog, George K., Jr.
Fenlon, Roberta	Hodges, Francis T.
Flood, Randolph G.	Howard, Frederick S.
Gardner, Kenneth D.	Joseph, Peter S.
Garland, L. Henry	Katz, Hilliard J.
Gibbons, Henry, III	Kuzell, William C.
Harrington, David O.	Lastreto, E. Donald
Hinman, Allen T.	Mathes, Mary E.
Hosmer, Matthew N.	McGuinness, Joseph S.
Kilgore, Alson R.	Meherin, J. Minton
Mathewson, Carleton, Jr.	Noble, Charles A., Jr.
Moffitt, Herbert C., Jr.	Plate, Agnes G.
Morrissey, Edmund J.	Richards, Victor
Olney, Mary B.	Rustad, William H.
Rixford, Emmet L.	Shaffer, Robert N.
Rochex, Francis	Smith, Curtis E.
Schaupp, Karl L., Jr.	Smyth, Francis Scott
Sherman, Samuel R.	Sumner, William A.
Silvani, Henry L.	Sweigert, Charles F.
Sirbu, A. B.	Torassa, George L.
Spitalny, August	Trauner, Lawrence M.
Talbott, Grace M.	Washburn, William W.
Ward, Robertson	Woo, Henry B.
Weyrauch, Helen B.	Zumwalt, Reuben

Delegates	*Alternates*
San Joaquin County (3)	
Armanino, Louis P.	Benn, James
Eccleston, Jack	Noetling, Paul
Johnson, Neill P.	Powell, James R.
San Luis Obispo County (2)	
Scow, Jim	Blair, Edward
Wolfe, Alfred M.	Middleton, Joseph G.
San Mateo County (6)	
Allen, James R.	Armstrong, Charles D.
Edwards, James S.	Brownson, Bradley C.
Farthing, Thomas E.	Geller, Philip S.
Fox, Norman C.	Lyne, Walter C.
Howe, Ralph D.	Shidler, Frederic P.
Miller, A. G.	Smith, Harry F.
Santa Barbara County (3)	
Reeves, David L.	Freidell, Hugh F.
Wentz, Arthur E.	Hill, Thurman K.
Wilcox, Alfred B.	Thacher, L. K.
Santa Clara County (8)	
Davis, Burt	Carlson, Carl O.
Dennis, Robert	Cox, John
Foster, Thomas N.	Currlin, Albert R.
Fox, Leon P.	Loehr, Robert A.
Josephson, J. B.	Long, Gabe
Molineux, William L.	Ness, Ansten R.
Morton, Paul V.	Sears, W. Norman
Wilson, John C.	Snyder, J. Frederic
Santa Cruz County (2)	
Newhall, Luther	Barr, H. S.
Randall, Samuel B.	Karleen, P. E.
Shasta County (2)	
Jantzen, Roland R.	Eagle, Henry R.
Martin, George A.	Kehoe, Julius
Siskiyou County (2)	
Newton, Albert H.	Anderson, Eugene V.
Vidricksen, H. L.	McGuire, James B.
Solano County (2)	
Johnson, Lionel	Rossi, Felix J., Jr.
Jones, F. Burton	Smith, Milton B.

Delegates	*Alternates*
Sonoma County (2)	
Hines, Leonard W.	Oakleaf, Donovan C.
Thomas, Owen F.	Sharrocks, Horace F.
Stanislaus County (2)	
Hiatt, R. Stewart	Feher, George S.
Smith, Edmund L.	Miller, W. D.
Tehama County (2)	
Frey, R. G.	Jourdan, Harve W.
Wood, O. T.	Meuser, A. H.
Tulare County (2)	
Dungan, Vincent M.	Jackson, Gordon L.
Feldmayer, James E.	Johnson, C. H.
Ventura County (2)	
Helbling, Franklin K.	Reynolds, Richard
Moore, J. W.	Ridge, Gerald K.
Yolo County (2)	
Copeland, Edwin	Cooper, Thomas
Kimbell, James H.	Pye, Robert
Yuba-Sutter-Colusa County (2)	
Parkinson, Stanley R.	Belz, John F.
Wisner, Francis P.	Salopek, Joseph J.

Past Presidents (16)

Ewer, Edward N.	1925
Kinney, Lyell C.	1930
Harris, Junius B.	1931
Reinle, George G.	1933
Peers, Robert A.	1935
Wilson, Harry H.	1940
Molony, William R., Sr.	1942
Schaupp, Karl L.	1943
Goin, Lowell S.	1944
McClendon, Sam J.	1946
Cline, John W.	1947
Askey, E. Vincent	1948
Kneeshaw, R. Stanley	1949
Cass, Donald	1950
MacLean, H. Gordon	1951
Alesen, L. A.	1952

House of Delegates Agenda

1954 Annual Session

Renaissance Room, Biltmore Hotel

Speaker . . . . . Donald A. Charnock, Los Angeles
Vice-Speaker . . . . . Wilbur Bailey, Los Angeles
Secretary . . . . . Albert C. Daniels, San Francisco

FIRST MEETING

Sunday, May 9, 1954, at 9:30 a.m.

ORDER OF BUSINESS

1. Call to order.
2. Report of Committee on Credentials, and Organization of the House of Delegates.
3. Roll call.
4. Announcement and approval of Reference Committees.
   (a) Committee on Credentials. (Delegates must register with the Committee.)
   (b) Reference Committee on the Reports of Officers, the Council and Standing and Special Committees. (Reference Committee No. 1.)
   (c) Reference Committee on Finance, to review the reports of the Secretary-Treasurer and the Executive Secretary and to study and make recommendations to the House of Delegates on the budget submitted by the Council and the amount of dues for the ensuing year (Reference Committee No. 2.)
   (d) Reference Committee on Resolutions and New and Miscellaneous Business. (Reference Committee No. 3.)
   (e) Reference Committee on Amendments to the Constitution and By-Laws. (Reference Committee No. 4.)
   (f) Reference Committee on C.P.S. business.
5. Address by President John W. Green.
   Presentation of 50-Year-Awards.
6. Miscellaneous announcements by the Speaker. (Stenographic service, to secure copies of resolutions, etc.)
7. Report of the President—John W. Green.
8. Report of the President-elect—Arlo A. Morrison.
9. Report of the Speaker of the House of Delegates—Donald A. Charnock.
10. Report of the Vice-Speaker—Wilbur Bailey.
11. Report of the Chairman of the Council—Sidney J. Shipman.
12. Report of the Council—Sidney J. Shipman.
13. Report of the Trustees of the California Medical Association—John W. Green, President.
14. Report of the Secretary—Albert C. Daniels.
15. Report of the Treasurer—Albert C. Daniels.
16. Report of the Executive Secretary—John Hunton.
17. Report of the Editor—Dwight L. Wilbur.
18. Reports of District Councilors.
19. Reports of Councilors-at-Large.
20. Report of Legal Counsel—Peart, Baraty & Hassard.
21. Report of C.P.S. Board of Trustees.
22. Reports of Standing and Special Committees:
   A. Standing Committees:
      (a) Executive Committee—Donald D. Lum.
      (b) Committee on Associated Societies and Technical Groups—H. Gordon MacLean.
      (c) Auditing Committee—Donald D. Lum.
      (d) Committee on History and Obituaries—J. Marion Read.
      (e) Committee on Hospitals, Dispensaries, and Clinics—Jay J. Crane.
      (f) Committee on Industrial Practice — Packard Thurber, Sr.
      (g) Committee on Medical Economics—Leopold H. Fraser.
      (h) Committee on Medical Education and Medical Institutions—Walter E. Macpherson.
      (i) Committee on Military Affairs and Civil Defense —Justin J. Stein.
      (j) Physicians' Benevolence Committee — Axcel E. Anderson.
      (k) Committee on Postgraduate Activities—Edward C. Rosenow, Jr.
      (l) Committee on Public Policy and Legislation—Dwight H. Murray.
      (m) Committee on Public Relations—Ed Clancy.
      (n) Committee on Scientific Work (Annual Session) —Albert C. Daniels.
      (o) Editorial Board—Dwight L. Wilbur.
      (p) Cancer Commission—Ian Macdonald.
   B. Special Committees:
      (a) Delegates to the American Medical Association —H. Gordon MacLean.
      (b) Advisory Planning Committee—John Hunton.
      (c) Blood Bank Commission—John Upton.
      (d) Medical Services Commission—Leslie B. Magoon.
      (e) Committee on Industrial Health — Christopher Leggo.
      (f) Committee on Rural Medical Service—Henry A. Randel.
23. Report of Reference Committee No. 3—1953 Interim Session.
24. Old and Unfinished Business.
25. New Business.

SECOND MEETING

Wednesday, May 12, at 9:30 a.m.

ORDER OF BUSINESS

1. Call to order.
2. Supplemental report of Credentials Committee.
3. Roll call.
4. Secretary's announcement of Council's selection of place for the 1955 annual session.
5. Election of Officers:
   (a) President-elect.
   (b) Speaker.
   (c) Vice-Speaker.
   (d) District Councilors (three-year term):
      1. Third District—H. Clifford Loos, Los Angeles (term expiring).
         Third District—Los Angeles County.
      2. Sixth District—Neil J. Dau, Fresno (term expiring).
         Sixth District—Calaveras, Fresno, Kern, Kings, Madera, Mariposa, Merced, San Joaquin, Stanislaus, Tulare and Tuolumne counties.
      3. Ninth District—Donald D. Lum, Alameda (term expiring).
         Ninth District—Alameda and Contra Costa counties.
   (e) Councilors-at-Large (three-year terms):
      Arthur E. Varden, San Bernardino (term expiring).
      Ivan C. Heron, San Francisco (term expiring).
   (f) Delegates to American Medical Association:
      Delegates and Alternates to the American Medical Association are elected for terms of two calendar years. The Delegates and Alternates to be elected at this meeting will serve for two calendar years starting January 1, 1955.
      Incumbents:
      1. H. Gordon MacLean, Oakland (term expiring).
      2. E. Vincent Askey, Los Angeles (term expiring).
      3. Dwight L. Wilbur, San Francisco (term expiring).
      4. Donald Cass, Los Angeles (term expiring).
      5. J. Lafe Ludwig, Los Angeles (term expiring).
      6. R. Stanley Kneeshaw, San Jose (term expiring).
   (g) Alternates to American Medical Association:
      Incumbents:
      1. Leopold H. Fraser, Richmond (alternate to H. Gordon MacLean).
      2. H. Clifford Loos, Los Angeles (alternate to E. Vincent Askey).
      3. J. Frank Doughty, Tracy (alternate to Dwight L. Wilbur).
      4. J. Norman O'Neill, Los Angeles (alternate to Donald Cass).
      5. H. Milton Van Dyke, Long Beach (alternate to J. Lafe Ludwig).
      6. Burt Davis, Palo Alto (alternate to R. Stanley Kneeshaw).
6. Election of C.P.S. Trustees:
   Report of C.M.A. Council as Nominating Committee.
   Incumbents:
   (a) C. Glenn Curtis, Brea.
   (b) Philip N. Baxter, Oakland.
   (c) Thomas N. Foster, San Jose.
   (d) J. Norman O'Neill, Los Angeles.
7. Announcement by Secretary.
   Council's nominations of members of Standing Committees (for approval by the House of Delegates).
8. Reports of Reference Committees:
   (a) Report of Reference Committee No. 1 on Reports of Officers, the Council, and Standing and Special Committees.
   (b) Report of Reference Committee No. 2 on Reports of the Secretary-Treasurer and the Executive Secretary, on budget and dues.
   (c) Report of Reference Committee No. 3 on Resolutions and New and Miscellaneous Business.
   (d) Report of Reference Committee No. 4 on Amendments to the Constitution and By-Laws.
   (e) Report of Reference Committee on C.P.S. business.
9. Unfinished Business.
10. New Business.
11. Presentation of Officers:
    President
    President-Elect
    Speaker
    Vice-Speaker
12. Presentation of Certificate to Retiring President—John W. Green.
13. Approval of Minutes. (Committee to edit.)
14. Adjournment.

DONALD A. CHARNOCK, *Speaker*
ALBERT C. DANIELS, *Secretary*

PRE-CONVENTION REPORTS

Officers • Councilors • Committees • County Societies

REPORTS OF GENERAL OFFICERS

REPORT OF THE PRESIDENT

To the House of Delegates:

Your President has attended all the meetings of the Council and the Executive Committee and has visited the County Societies of Santa Barbara, Ventura, Santa Ana, and Imperial and Kings, and has discussed their many problems with them. A meeting of Pacific Coast Medical Care Plans was also attended for two days in San Francisco. C.P.S. becomes of age. We believe in it.

It was a pleasure to attend a meeting of the Solano County Medical Society at which Mrs. Carl Burkland, President of the Auxiliary, made her annual report to the group. Her remarks were timely and are highly commendable and are evidence of a thorough understanding of the Auxiliary Program and Problems. Mrs. Burkland stressed the need for funds for the Medical Education Foundation.

We feel that we should especially mention the postgraduate activities of our Association under the chairmanship of Dr. Edward Rosenow, with the very excellent help of Dr. C. A. Broaddus. There is enthusiastic interest in the meetings they are holding and are scheduling for the future. The country doctors are being well served in their respective areas.

Our Legislative Committee under the chairmanship of Dr. Dwight H. Murray, with the assistance of Mr. Ben Read and Mr. Ed Clancy, has rendered us the very best of service, as they have in the past; no legislation inimical to medicine has succeeded in passing at Sacramento.

The Medical Services Commission, chairmanned by Dr. Magoon with Dr. Teall as vice-chairman, is making a study of all medical care plans and is working with the Committee on Unethical Practice, Dr. Shipman, chairman, and will soon contribute some important recommendations with regard to "closed panel" as well as other types of practice. We await these reports with great interest.

The journal of the California Medical Association maintains its standard of excellence, and Dr. Dwight Wilbur, its editor, and the editorial staff are appreciated by this Association. We commend the advertising it contains.

The central office at 450 Sutter St., San Francisco, continues its efficiency under the direction of Mr. John Hunton, Executive Secretary, assisted by Robert Thomas and the other personnel, as well as those associated with the staff of the southern office in Los Angeles. The Public Relations Department, which reports through Mr. Hunton, has done yeoman service throughout the year, with Mr. Ed Clancy, Director, assisted by Jerry Pettis in the south and by Glenn Gillette in the north. They have done an excellent job for medicine, day by day and week by week, and we take this opportunity to thank them for their services to the Association as a whole as well as a personal thanks for their kind offices to the President on his official visits to the County Societies. The Public Relations program has been excellent and we wish especially to mention the TV programs which bring medicine closer to the public.

The Cancer Commission with Dr. Ian Macdonald as chairman continues to function well.

Our chairman of the Nursing Committee, Dr. Howard Naffziger, continues to study that problem and has some ideas which I am sure the Council may find interesting and valuable to the end of a more satisfactory recruitment and education of Nurses.

Our financial condition is satisfactory and our position strong. There are other groups just as necessary to our well-being as the above mentioned activities but whose operations are not as spectacular, and we are thankful for their help. All of our activities are reflected in our growth in membership, which is now over 12,000, and by reason of which we are entitled to one more delegate to the A.M.A. Dr. Paul Foster has been chosen for this responsibility, with Dr. Arthur Kirchner as alternate. We commend both of them for their devotion to the welfare of medicine. The recent insurance program, so successfully carried out by Dr. Kirchner, and by means of which additional coverage helps to assure our members of financial security while ill or injured, is really a great accomplishment. I am sure no one of us has too much coverage. I feel that the premium of the Lumbermens Mutual policy is not too high, and recommend that members who have not been interested in this program become applicants for coverage at an early date.

Our Committee on Scientific Work with Dr. Albert C. Daniels as chairman is doing its job in the same satisfactory manner as in previous years.

The Committee on Military Affairs with Dr. Justin Stein as chairman reflects great credit on our Association.

The Committee on Medical Economics is really making a study of the costs of Medical Service, under the direction of Dr. L. H. Fraser, chairman.

Committees of which I have made no special mention are functioning when necessary and will make their own reports, the details of which I am not familiar with.

Thanks are due to all members of the Association who have written or conferred with me in regard to matters of importance to the well-being of our profession and I especially wish to thank all the members and the officers of the Council for their untiring efforts in behalf of the Public Health and the success of every doctor in this state. The Speaker of the House of Delegates, Dr. Don Charnock, and his able Vice-Speaker, Dr. Wilbur Bailey, have kept our deliberations on an even keel and have increased our efficiency in the House as well as speeded up our agenda.

To my way of thinking the advent of "panel practice" on a grand scale in our State is giving us cause to review our manner of rendering medical care to the public and we will be making some changes to meet the challenge of competition. No doubt the recommendations of our Committee on Medical Service will help to direct our efforts in the proper manner of handling this perplexing question. Our Public Relations Counsel will be of great assistance. Our tape recordings and the formation of the Audio-Digest Foundation will also be of great assistance in quickly and economically spreading information to our County Societies. The loan of Rollen Waterson by the Alameda-Contra Costa Society, in connection with this whole program, has been

very helpful. We hope for approval of the formation of the Audio-Digest Foundation by the members of our Association. It will be directed by Mr. Jerry Pettis and the profits, if any (and we feel there is great chance for profit), will be given over to the Medical Education Foundation or, in any event, to assist in more effective Medical Education.

At this time, I wish to make another appeal to our members to give sufficient of their funds to keep the medical schools free of government domination and control. Government control is a real threat. We call your attention to utterances of the present Eisenhower administration in regard to education as a whole. President Eisenhower wishes to assist in this whole problem, but the technique of the operation has not yet been perfected.

It is well to remember the Bricker amendment legislation and to ask support for it by your congressman and senator. Do we wish extension of Social Security to the medical profession? In the past I am sure that we did not favor it. I believe that it would be well to address a questionnaire to each member this year, to find out if the majority of physicians in active practice who are our members still feel as we did prior to 1954. It would not be advisable to have other than a secret ballot in obtaining this information. Let us find out whether our philosophy is changing.

The state medical societies of Oregon, Washington and Idaho are now preparing resolutions which relate to certain phases of health, education and welfare activities as administered by Mrs. Hobby, but suggested to the Congress by the present administration. What our Association will do in regard to this matter is now undetermined, because it has not yet been discussed.

This report is quite lengthy but I cannot close without thanking the wives of our members, who have given so much to our Association in 1953, for their part in inspiring their doctor husbands in doing a creditable job. Our successful year should be, at least, some satisfaction to the wives and a partial compensation for their lonesome hours. I salute the Woman's Auxiliary and support their program.

A supplementary report will doubtless be made necessary by the course of events, and there are certain court decisions in the making, which are likely to influence our profession, and perhaps modify our policies.

Respectfully submitted,

JOHN W. GREEN, *President*

REPORT OF THE PRESIDENT-ELECT

To the President and the House of Delegates:

It has been my privilege to meet with the officers and members of 28 county societies and one branch society during the past year. I was pleased to note the presence of the Auxiliary at a number of meetings.

Aimed at getting better acquainted with local society members and their problems, a new panel-type discussion of questions and answers met with considerable enthusiasm from these societies. And it was not a one-way road: not only were we able to inform the membership of the more pressing and practical problems of the C.M.A., but we got a first-hand and valuable education concerning the local societies' viewpoints.

We are convinced that this type of meeting has generated greater coordination within and among the C.M.A., the individual doctor and his society. In fact, it has already aided in solving several points of difference to the extent that the public interest has been better served. We heartily recommend the continuance of this type of meeting.

Of particular interest, we have noted that more and more physicians are taking an active interest in community affairs. They feel that if we are to attain professional leadership in the various groups who interest themselves in community health matters, we must meet our civic responsibilities.

Evidence that doctors are making a sincere effort to keep medical economics in step with medical science, I note, is an increased awareness of public relations ideas, fee discussions in advance with the patient, proper functioning of public service committees, and the importance of the patient's right to choose his own doctor and hospital. These doctors are deserving of our appreciation and encouragement.

I have attended all meetings of the Council and of the Executive Committee and have carried out all duties assigned to me.

I would like to extend my sincere thanks to the Councilors who, by their advice and ready cooperation, helped make the county society visits successful. The attention of society members at these meetings, and the interest of county society officers who have shown marked ability in their offices, we appreciate also.

Finally, I wish to thank John Hunton, Ed Clancy, Glenn Gillette, Jerry Pettis and Ben Read for their continuing and able assistance.

Respectfully submitted,

A. A. MORRISON, *President-Elect*

REPORT OF THE SPEAKER OF THE HOUSE OF DELEGATES

To the President and the House of Delegates:

The mechanics of the House of Delegates has functioned very well during both the annual and interim sessions. If the Chair has seemed to speed up routine business this is in order that adequate time may be allowed for full debate on the many important questions which the House is called upon to decide.

Considerable thought has been given to the advisability of having resolutions screened by a committee prior to introduction. While this was discussed with the idea of easing the work of press relations, it is the considered opinion of the Speaker and the Vice-Speaker that nothing should interfere with a free expression of the delegates.

It would facilitate the handling of new business if the Chair was appraised, before the meeting was in motion, of the introduction of resolutions. With the new quintuplet forms for resolutions now available, a copy could be sent to the Chair. This would expedite the "timing" of the meeting. Such a procedure should in no way curtail the introduction of spontaneous resolutions which might arise from the business at hand.

The Speaker and the Vice-Speaker stand ready at all times to assist the delegates with advice on the technical aspects of resolutions.

Respectfully submitted,

DONALD A. CHARNOCK, *Speaker*

REPORT OF THE VICE-SPEAKER

To the President and the House of Delegates:

The Speaker and the Vice-Speaker are continuing to streamline procedures for registration and resolutions.

Respectfully submitted,

WILBUR BAILEY, *Vice-Speaker*

Report of the Council

To the President and the House of Delegates:

The Council rendered a report to the Interim Session of the House of Delegates on December 12, 1953. This report was published as a part of the transcript of the Interim Session in the February issue of CALIFORNIA MEDICINE.

At this writing, less than 60 days later, there is little of moment for an additional report. The Council has held one additional meeting, on January 30, 1954, and will schedule two more meetings before the Annual Session.

Rather than report on specific actions, it may be interesting to the members to get a little clearer picture of how the Council operates. The Council serves between meetings of the House of Delegates and is charged with carrying out the orders of that body and of reaching tentative decisions on other matters of policy while the House is between sessions. At times this responsibility weighs somewhat heavily.

Ordinary procedure calls for the Council to meet at intervals of from 60 to 90 days. Most meetings are now for one day, although in the past many two-day sessions were held. During sessions of the House of Delegates the Council plans to meet each day.

The Council agenda always considers first those organizational matters which require study, approval or statement of policy. Membership changes, financial reports, requests from the county societies and the approval of minutes are handled as early routine matters at each meeting. Then come committee reports, whether they be progress reports, requests for policy support or requests for financial aid to carry on committee work.

The State Department of Public Health reports regularly to the Council on matters pertaining to the public health, and other departments of the State of California are welcomed when they wish to appear before the Council on some particular subject.

Legislative activities are regularly reported, as are legal matters. The standing committees of the Association ordinarily do not report to the Council but the door is always open to them. In the case of special committees appointed by the Council, committee chairmen are always welcomed. This has been particularly true of such committees as the Committee on Industrial Accident Commission and the Committee on Public Health and Public Agencies.

California Physicians' Service is represented at all meetings and the Council is represented at C.P.S. Trustees' meetings by three Councilors selected to sit with that board. Thus a steady liaison is maintained.

Between meetings, members of the Council are kept advised on important events, by mail and telephone. Where a decision is needed on some matter and time does not allow calling a Council meeting, the Executive Committee is contacted for a meeting in person or via telephone. This committee is composed of the President, President-Elect, Speaker, Auditing Committee chairman and Council chairman, with the Editor and Secretary serving ex-officio. Such a small group allows prompt action, with all its decisions subject to approval of the Council.

This report is designed to delineate the Council's actions and methods of meeting. It is hoped that all members of the Association will feel free to place before the Council chairman, the Secretary or the central office any matters of a policy nature which would benefit from Council deliberation and decision.

Respectfully submitted,

SIDNEY J. SHIPMAN, *Chairman*

REPORT OF THE PRESIDENT OF THE TRUSTEES OF THE C. M. A.

To the House of Delegates:

The Trustees of the California Medical Association is a non-profit corporation designed to hold reserve funds and other assets accumulated by the California Medical Association. In this capacity the corporation is not engaged in daily activities other than conserving such assets as are turned over to it by the C.M.A.

One meeting of the corporation has been held in the past year, the organization meeting at which officers were elected and the acts of the previous year reviewed. The balance sheet and income and expense statements of the Trustees of the C.M.A. appear on another page of this issue.

Respectfully submitted,

JOHN W. GREEN, *President*

REPORT OF THE SECRETARY

To the President and the House of Delegates:

The Secretary was reelected by the Council at the meeting in May 1953. He has attended the meetings of the Council and the Executive Committee and he has edited the minutes that were prepared by the Executive Secretary with the aid of the Legal Counsel. The Secretary as usual presided over the meetings of the Committee on Scientific Work, and he arranged for the scientific speakers at the Interim Session in San Francisco in 1953.

The Secretary also has been active in attending the meetings of the Committee on Postgraduate Activities, and in laying the foundations for a meeting next fall of interested groups on the subject of physicians and schools sponsored by the California Medical Association.

The Secretary has been active on the Cancer Commission.

The attention of the membership is called to the minutes of the Council and the Executive Committee printed in CALIFORNIA MEDICINE. It is strongly recommended that this be read by all members.

Respectfully submitted,

ALBERT C. DANIELS, *Secretary*

REPORT OF THE EDITOR

To the President and the House of Delegates:

The better to reduce the elapse of time between the acceptance and publication of articles, CALIFORNIA MEDICINE last year considerably lowered its inventory of manuscripts by publishing more than in any previous year and at the same time accepting fewer than it had accepted the year before. The total number of articles printed in 1953 was 173 as against 138 in the preceding year, and the number accepted was 144 against 185.

In common with other medical journals, CALIFORNIA MEDICINE has experienced a decrease in the number of manuscripts submitted. Comparative data for the last three years on the sources of material and on the number of manuscripts accepted follow:

	Annual Session		Other		Total	
	Rec'd	Accepted	Rec'd	Accepted	Rec'd	Accepted
1953.....	120	86	91	58	211	144
1952.....	143	101	126	84	269	185
1951.....	138	89	79	42	217	131

The Editor welcomes this annual opportunity to express his warm thanks to the many persons who contribute to the making of CALIFORNIA MEDICINE. To the members of the Editorial Board, to those who have reviewed books, to those who have prepared material on assignment, to those who have been called upon for special advice from time to time, and especially to Robert Edwards for his continued outstanding work as assistant to the Editor and to Mrs. Barbara Rooney for her excellent secretarial services—to all who have, in great or fine, contributed to the quality of this journal—to them the Editor's gratitude.

Respectfully submitted,

DWIGHT L. WILBUR, *Editor*

REPORT OF THE EXECUTIVE SECRETARY

To the President and the House of Delegates:

Your executive secretary herewith submits his report for the past year, divided into the various activities placed under his jurisdiction by the Council.

1. *Administrative:* During the past year the headquarters office in San Francisco has been enlarged and rearranged. Additional space was secured and a new floor plan developed to bring all activities together in one place. Previously, two separate offices on the same floor had been required.

As now set up, the office contains five male and nine female employees. In addition, quarters are provided for Selective Service in its work on the doctor draft law. Telephone service is now provided through a switchboard, which had not previously been needed.

The Southern California office has also been enlarged and a full-time secretary employed. This office now contains the director and an associate director of public relations, their secretary, and a consultant on television production in the Los Angeles area.

Both offices are well equipped with modern and well-maintained business equipment. Regular policy calls for staggered annual purchases of such items as typewriters, so that the inventory is fully turned over every four or five years and the mechanical features maintained in top order.

The Association's books are maintained in accordance with requirements set down by the certified public accountants and are subjected to an annual audit. The membership records, which are so closely tied in with the bookkeeping function, become a part of the annual audit and are in excellent condition. Official minutes are kept in their own books after having been subjected to review and approval by the Council.

2. *Membership:* The official membership of the component county societies is shown in the list below, in accordance with by-law requirements.

MEMBERSHIP (ACTIVE) IN THE C.M.A. AS OF NOVEMBER 1, 1953—BY COUNTY SOCIETIES

Alameda-Contra Costa	1097
Butte-Glenn	72
Fresno	228
Humboldt	63
Imperial	46
Inyo-Mono	10
Kern	141
Kings	28
Lassen-Plumas-Modoc	16
Los Angeles	4968
Madera	14
Marin	103
Mendocino-Lake	31
Merced	41
Monterey	127
Napa	57
Orange	247
Placer-Nevada-Sierra	55
Riverside	142
Sacramento	293
San Benito	10
San Bernardino	264
San Diego	563
San Francisco	1501
San Joaquin	161
San Luis Obispo	61
San Mateo	299
Santa Barbara	162
Santa Clara	398
Santa Cruz	79
Shasta	30
Siskiyou	20
Solano	67
Sonoma	123
Stanislaus	105
Tehama	10
Tulare	86
Ventura	81
Yolo	34
Yuba-Sutter-Colusa	40
Total	11,873

Each component society is entitled to one delegate and one alternate for each 50 active members, or major fraction thereof, as of November 1 of the preceding calendar year. The totals shown above are therefore the basis for representation in the 1954 House of Delegates. Each society is guaranteed a minimum of two delegates.

It is interesting to note that the Association's membership went even higher by December 31, 1953. On that date the American Medical Association made its official membership count and registered 12,052 active, dues-paid members from California. This number entitles the Association to an additional delegate to the A.M.A. An election of this new delegate was held at the 1953 Interim Session of the C.M.A. House of Delegates, so that California will be represented by thirteen delegates to the A.M.A. this year. This is the second straight year in which a new California delegate has been added.

3. *Meetings:* The executive secretary has attended all meetings of the Council and Executive Committee. He has also sat in with a number of committees on particular programs, has attended the two meetings of the A.M.A. and has visited a number of the county societies in company with the President or the President-Elect.

4. *Financial:* A complete financial report for the fiscal year ended June 30, 1953, appears as the Treasurer's Report on another page of this issue. Inasmuch as the Association's finances are directed by the executive secretary, a few comments are in order here.

Over all, the 1953 fiscal year produced a surplus of $42,570 of revenues over expenditures, compared with a surplus of $52,300 for the preceding year. Revenues were up $22,064 and expenditures were $31,835 higher. Costs went up in all three categories set forth by the certified public accountant, namely: administrative, scientific-educational-public relations, and journal. A portion of the increase is chargeable to nonrecurring items, such as a cost of $8,800 to improve and enlarge the headquarters office. Conversely, equipment purchases for the year were down $2,164 from the preceding year and the item of organization expense, representing costs of litigation, went down $15,350.

On controllable administrative expenses, the increase for the year was 5.1 per cent, which compares favorably with the 4.7 per cent membership increase for the year.

It must be expected that operating expenses increase with an increase in membership; a review of total revenues and expenditures over the years will show such a trend. In the new office quarters, more employees are needed to handle the increased volume of work and this is reflected in the current figures. A study of the comparative figures in the auditor's report is recommended.

CALIFORNIA MEDICINE showed a drop of $1,401 in revenues and an increase of $5,499 in costs last year, resulting in a net profit from the publication of $18,632. This profit goes to the general fund and is available for all organization purposes.

In the January, 1954, issue of the journal, a breakdown of all revenues and expenditures was printed. This showed, in terms of both dollars and percentages, where the Association's funds come from and where they go. It also translated these figures into terms of dollars and cents in comparison with the $40 annual dues. This item has also appeared in several county society bulletins.

5. CALIFORNIA MEDICINE: The journal continues to enjoy a high degree of prestige nationwide. Its format and con-

tents are continually undergoing advances, in accordance with the suggestions of the Editor and his consultants, and further improvements are planned. The journal is designed to serve the membership and ideas and suggestions are always welcome.

6. *Public Policy and Legislation:* The executive secretary continues to work with the Committee on Public Policy and Legislation and its direct representatives. The central office serves as a clearing house for many activities in this connection, both on a state and a national basis.

7. *Public Relations:* The executive secretary cooperates with all public relations activities of the Association and sits in on the planning, coordination and operation of them. While he is not charged directly with the management of this important function, he is in very close touch with it throughout and works closely with the director and his two associates. In addition he serves as a member of the public relations advisory committee of the American Medical Association, one of the nine lay and professional members of that body.

8. *Annual Session:* The 1954 Annual Session will be arranged very much the same as the 1953 meeting. All meetings will be held in or near the Biltmore Hotel, Los Angeles, and all exhibits will be housed in the hotel. Current prospects point to a most successful meeting.

For 1955 the Council has selected San Francisco as the Annual Session site. This will pose additional problems in that all scientific meetings and all exhibits will be housed in the Civic Auditorium and sessions of the House of Delegates will be held in a downtown hotel. However, it is believed that this situation can be adequately met to insure a good meeting. The constant growth of the Association narrows the convention sites available and makes it difficult to insure a smooth operation in limited quarters.

9. *Conclusion:* In conclusion, hearty thanks are extended to all members of the Association's staff, to all Officers, Councilors and committee members, and to all those so closely associated with C.M.A. activities. A splendid spirit of cooperative action has been evident throughout the year and has helped immeasurably to produce an efficient and smooth running of the Association.

Respectfully submitted,

JOHN HUNTON, *Executive Secretary*

REPORT OF LEGAL DEPARTMENT

To the President and the House of Delegates:

The Legal Department submits the following report, covering the interval between the 1952 annual session and the time of the presentation of this report, February 10, 1954:

We submitted a verbal report to the House of Delegates at the December 1953 Interim Session, which is published as part of the proceedings of the Interim Session in the February 1954 issue of CALIFORNIA MEDICINE, and we will not reiterate the matters therein covered.

During the past year, we have attended all meetings of the House of Delegates, the Council and the Executive Committee, as well as meetings of various commissions, standing committees and special committees of the Association. We have also prepared and submitted opinions on a variety of subjects, as requested by the Association or its officers or component societies.

In addition to our general advisory services, there are several specific items that warrant discussion at this time.

1. *Legal status of county medical soceties:* We prepared, and the 1953 California Legislature adopted, a bill adding a new section (21200.5) to the Corporations Code, permitting unincorporated county medical societies to have the same advantages as nonprofit corporations, with respect to liability for debts and obligations. This section provides that the individual members of county medical societies are not liable for debts or obligations incurred by the society in the ordinary course of its affairs. Enactment of this law eliminates for practical purposes the necessity of incorporating county medical societies, and permits such societies to function without the restrictions on expenditures of funds that apply to corporations.

2. *Unlicensed practice:* The case of *Complete Service Bureau et al. versus San Diego County Medical Society et al.* is now pending before the California Supreme Court. Oral argument was held in Los Angeles on January 13, 1954, and all written briefs have been filed. The case was submitted for decision on February 3, 1954, and a final decision by the Supreme Court may be expected prior to the annual session.

3. *Unlicensed "Prepaid medical plans":* The decision in *Maloney vs. American Independent Medical & Health Association* by the District Court of Appeal, Fourth Appellate District, has become final. This decision upheld the action of the Insurance Commissioner in seizing and liquidating A.I.M. This organization (A.I.M.) was incorporated as a "non-profit corporation" by two laymen, Mr. and Mrs. Jesse Fortune. For several years it used door-to-door salesmen to sell so-called "medical service contracts" to the public. These contracts for small monthly "dues" purported to cover the purchasers' medical and surgical expenses. The Appellate Court pointed out that when the Insurance Commissioner took possession of the A.I.M. books and records, he found that 85 per cent of all moneys received had been spent for overhead and promotion, and that only 12 per cent of the money received had been used to pay medical and surgical costs. The Appellate Court decision is of great importance in establishing a legal precedent in this state for the prosecution of fly-by-night "prepaid medical care plans" that hold out to the public false or misleading promises, and attempt to sell a service which they cannot provide. The Assembly Interim Committee on Finance and Insurance, which conducted a thorough investigation into the activities of unregulated prepaid health plans in 1949 and 1950, is entitled to a great deal of credit for having first brought to light the nature of the activities of A.I.M.

A more detailed report on major developments in the medical-legal field will be submitted to the House of Delegates in the form of a supplemental report at the time of the annual session.

In addition to the writer of this report, both Mr. George A. Smith and Mr. Alan L. Bonnington, of our San Francisco office, and Mr. Louis M. Welsh, of our Los Angeles office, have been available to the Association throughout the year, and have performed many tasks on behalf of the Association and its component societies.

Mr. Bonnington, in particular, devoted a great deal of time and energy in the defense of the Alameda-Contra Costa County Medical Association in a case brought against it by an expelled physician, and was successful in securing a decision favorable to the county society in the Superior Court in Contra Costa County. The physician who had been expelled brought legal action for reinstatement of membership and for damages. The Trial Judge found that the expulsion proceeding had been properly conducted, and that there was legal ground for the action taken by the Society.

It is a pleasure to be of service to the medical profession of California.

Respectfully submitted,

PEART, BARATY & HASSARD

By Howard Hassard

REPORT OF THE TREASURER

To the President and the House of Delegates:

The Treasurer was reelected by the Council in May 1953. The actual duties of this office are nominal, the real handling of monies being performed by the office staff at 450 Sutter, San Francisco. All of these employees are bonded, as well as the officers of the Association.

The incoming monies of the accounts are kept in a manner recommended by the auditing firm of John F. Forbes and Company, who also check the presence of cash, securities and other assets, and certify to these.

Submitted herewith is the series of accounts for the fiscal year July 1, 1952, to June 30, 1953. Members are urged to study these accounts for a true picture of the Association's financial situation.

Respectfully submitted,
ALBERT C. DANIELS, *Treasurer*

CALIFORNIA MEDICAL ASSOCIATION

BALANCE SHEET, JUNE 30, 1953

ASSETS

CASH		$141,438.55
ACCOUNTS RECEIVABLE		8,887.97
LOAN RECEIVABLE—NEW MEXICO PHYSICIANS' SERVICE	$ 8,750.00	
Less reserve	8,750.00	
Remainder		
OTHER LOANS RECEIVABLE	$52,094.00	
Less reserve	49,864.00	
Remainder		2,230.00
INVESTMENT IN U. S. TREASURY BILLS (at cost)		298,355.00
TRUST FUND (contra)		1,337.46
FURNITURE AND FIXTURES (at nominal value)		1.00
DEFERRED CHARGES		1,378.55
DEPOSITS		625.00
TOTAL		$454,253.53

LIABILITIES

ACCOUNTS PAYABLE		$ 17,238.61
ACCRUED EXPENSES:		
American Medical Association—Delegates' and other expenses	$ 3,793.87	
Annual session expenses	10,636.66	
Committees' and sundry	11,381.18	
Payroll taxes	279.34	
Total		26,091.05
TRUST ACCOUNT—PHYSICIANS' BENEVOLENCE FUND (contra)		1,337.46
DEFERRED INCOME—PREPAID ADVERTISING		165.80
SURPLUS, EXHIBIT A		409,420.61
TOTAL		$454,253.53

EXHIBIT A

EXCESS OF INCOME OVER EXPENDITURES		$ 42,529.85
SURPLUS CREDITS:		
Reduction in reserves for loans:		
New Mexico Physicians' Service	$ 500.00	
Blood banks	38,807.50	
Increase in cash surrender value of life insurance policies	5,838.93	
Total		$45,146.43
TOTAL		$ 87,676.28
SURPLUS CHARGES:		
Expenses applicable to a prior period		$ 1,817.35
Transfer legal ownership of life insurance policies, at the cash surrender value at June 30, 1953, to the Trustees of the California Medical Association		14,487.97
TOTAL		$ 16,305.32
INCREASE IN SURPLUS FOR THE YEAR		$ 71,370.96
SURPLUS, JULY 1, 1952		338,049.65
SURPLUS, JUNE 30, 1953		$409,420.61

CALIFORNIA MEDICAL ASSOCIATION

INCOME AND EXPENDITURES FOR THE FISCAL YEAR ENDED JUNE 30, 1953

INCOME

	Fiscal Year Ended June 30 1953	1952	Increase Decrease
1. Membership dues (exclusive of Journal Allocation)	$428,120.45	$412,378.91	$15,741.54
2. Annual Session	22,875.00	20,055.00	2,820.00
3. Miscellaneous Income	3,001.33	3,257.63	*256.30*
4. Interest Income	4,120.94	2,656.00	1,464.94
5. Postgraduate Courses	7,330.00	3,630.00	3,700.00
TOTAL REVENUES	$465.447.72	$441,977.54	$23,470.18

EXPENDITURES

ADMINISTRATION:			
6. A.M.A. Meeting Expense	$ 20,286.29	$ 10,481.37	$ 9,804.92
7. Annual Session Expense	30,606.30	31,174.35	*568.05*
8. Employees' Annuities	7,669.90	5,173.32	2,496.58
9. Council-Executive Committee Meetings	4,560.89	2,194.95	2,365.94
10. Equipment Expense	1,777.11	3,940.89	*2,163.78*
11. Legal Department	19,583.32	12,065.15	7,518.17
12. Los Angeles Office Expense	2,123.71	1,897.91	225.80
13. Miscellaneous Expense	366.11	80.25	285.86
14. Office Supplies and Expense	6,582.52	6,076.07	506.45
15. Organization Expense	6,430.36	21,780.37	*15,350.01*
16. Rent	6,884.56	5,686.96	1,197.60
17. Telephone and Telegraph	2,514.66	2,354.02	160.64
18. Payroll Taxes	1,554.47	2,193.21	*638.74*
19. Pensions	4,260.00	4,260.00	----------
20. Postage	1,560.85	1,067.48	493.37
21. Salaries:			
(a) Administrative	32,500.00	30,508.40	1,991.60
(b) Clerical	15,870.20	12,408.40	3,461.80
22. Secretarial Conference	1,071.50	1,145.31	*73.81*
23. Office Improvements	8,800.15	1,325.51	7,474.64
24. Travel:			
(a) Officers	406.33	351.23	55.10
(b) Council-Executive Committee	7,532.60	7,605.07	*72.47*
25. Woman's Auxiliary	1,750.00	1,750.00	----------
26. Student A.M.A.	2,940.15	1,708.05	1,232.10
TOTAL ADMINISTRATION	$187,631.98	$167,228.27	$20,403.71
SCIENTIFIC, EDUCATIONAL AND PUBLIC RELATIONS:			
27. Department of Public Relations	$ 94,836.05	$ 94,236.37	$ 599.68
28. Public Policy and Legislation	56,070.87	51,907.80	4,163.07
29. Physicians' Benevolence	11,803.00	10,935.75	867.25
30. Postgraduate Activities	25,991.72	19,530.05	6,461.67
31. Cancer Commission	26,028.50	15,201.50	10,827.00
32. Other Committee Activities	33,286.71	48,206.51	*14,919.80*
33. Subscriptions to Libraries	5,901.50	5,467.88	433.62
34. Contribution to Student Nurse Recruitment	----------	2,500.00	*2,500.00*
TOTAL SCIENTIFIC	$253,918.35	$247,985.86	$ 5,932.49
TOTAL, EXCLUSIVE OF JOURNAL	$441,550.33	$415,214.13	$26,336.20

INCOME AND EXPENDITURES FOR THE FISCAL YEAR ENDED JUNE 30, 1953

INCOME

	Fiscal Year Ended June 30 1953	1952	Increase Decrease
1. Advertising	$114,879.91	$117,683.06	$ *2,803.15*
2. Members' Subscriptions Allocated from Dues	35,944.50	34,660.50	1,284.00
3. Other Subscriptions	2,753.90	2,609.20	144.70
4. Reprints (net)	522.93	554.75	*31.82*
TOTAL REVENUES	$154,101.24	$155,507.51	$ *1,406.27*

EXPENDITURES

5. Printing	$ 90,456.60	$ 84,623.25	$ 5,833.35
6. Advertising Sales Expense	11,467.23	14,667.16	*3,199.93*
7. Salaries	17,519.51	16,795.04	724.47
8. Rent	3,041.12	2,744.68	296.44
9. Telephone and Telegraph	1,572.19	1,046.65	525.54
10. Postage and Mailing	4,953.53	4,499.02	454.51
11. Addressograph	1,887.51	1,703.94	183.57
12. Illustrations	1,907.95	1,630.64	277.31
13. Advertising Discounts and Collection Expense	2,061.47	2,114.19	*52.72*
14. Sundry	601.67	145.37	456.30
TOTAL EXPENSES	$135,468.78	$129,969.94	$ 5,498.84
NET PROFIT	$ 18,632.46	$ 25,537.57	$ *6,905.11*

TRUSTEES OF THE CALIFORNIA MEDICAL ASSOCIATION
(A California Corporation)

BALANCE SHEET, JUNE 30, 1953

ASSETS

CASH (including Trust Funds)		$ 29,088.56
INVESTMENTS (including Benevolence Fund investments)		1,140,000.00
TRUST FUND FOR CALIFORNIA MEDICAL ASSOCIATION EMPLOYEES—CASH SURRENDER VALUE OF LIFE INSURANCE POLICIES		14,487.97
TOTAL		$1,183,576.53

LIABILITIES

TRUST ACCOUNTS:			
Benevolence Fund		$ 57,894.42	
Morris Herzstein Bequest Fund		6,715.25	
Total Trust Accounts			$ 64,609.67
ENDOWMENT FUND			276.74
TRUST FUND FOR CALIFORNIA MEDICAL ASSOCIATION EMPLOYEES			14,487.97
SURPLUS:			
Contributed surplus		$882,915.99	
Earned surplus:			
Balance, June 30, 1952	$193,975.04		
Net income for year, Exhibit B	27,311.12	221,286.16	
Total surplus			1,104,202.15
TOTAL			$1,183,576.53

EXHIBIT B

TRUSTEES OF THE CALIFORNIA MEDICAL ASSOCIATION

STATEMENT OF INCOME FOR THE YEAR ENDED JUNE 30, 1953

INCOME—INTEREST ON BONDS		$ 27,135.82
EXPENDITURES:		
Audit fee	$300.62	
Custodian fee	345.63	
Miscellaneous	100.32	
Total		746.57
REMAINDER		$ 26,389.25
ADD—THE EXCESS OF MATURITY VALUE OVER COST OF BONDS PURCHASED DURING THE YEAR, CHARGED TO THE BOND ACCOUNT TO REFLECT MATURITY VALUE OF THE BONDS		921.87
TOTAL		$ 27,311.12

REPORTS OF DISTRICT COUNCILORS

FIRST COUNCILOR DISTRICT

San Diego County

To the President and the House of Delegates:

During the past year I have attended the meetings of the Council and the Interim meeting of the House of Delegates, the minutes of which have been duly reported in CALIFORNIA MEDICINE.

During the past year I have served as chairman of the Public Health and Public Agencies Committee, which has had numerous meetings with representatives of the State Department of Public Health concerning problems of mutual interest.

The San Diego Blood Bank has operated very efficiently during the past year as a member of the California Blood Bank System, and has recently acquired properties and will move into new quarters the first of this year.

It has been my pleasure to serve as Councilor of the First District, and I hope to continue to correlate the activities of the San Diego County Medical Society and the California Medical Association.

Respectfully submitted,

FRANCIS E. WEST, *Councilor*
First District

SECOND COUNCILOR DISTRICT

Imperial, Inyo, Mono, Orange, Riverside and San Bernardino Counties

To the President and the House of Delegates:

Visitations have been made to all the associations comprising the Second Councilor District.

The physicians of Orange County are to be especially congratulated for the manner in which they managed the medical problems associated with the Boy Scout Jamboree. Each member gave unselfishly of his time in a manner deserving the highest commendation of the California Medical Association.

A cooperative program with the Imperial County Medical Association and the Imperial County Board of Supervisors has been approved, which will insure the best available medical care to the indigent patients of Imperial County. This was made possible through a joint meeting with the supervisorial boards of Riverside and Imperial counties with the assistance of a committee of doctors from each county.

A student health plan is being completed by Riverside County doctors with the University of California at Riverside. This plan provides free choice of physicians and a voluntary panel.

Visitations of the state officers, Mr. Ben Read and the public relations officers have been well received by all the county medical associations and the continuation of these annual visitations is strongly urged.

Your Council continues to function effectively under the capable leadership of Dr. Sidney Shipman.

Published reports of the Council proceedings are published in the official journal.

Respectfully submitted,

OMER W. WHEELER, *Councilor,*
Second District

THIRD COUNCILOR DISTRICT

Los Angeles County

To the President and the House of Delegates:

I have attended all of the meetings but one of the Council during the last year and I wish to state that, as far as I can see, the operations of the California Medical Association are in good condition.

Respectfully submitted,

H. CLIFFORD LOOS, *Councilor,*
Third District

FOURTH COUNCILOR DISTRICT

Los Angeles County

To the President and the House of Delegates:

In various areas of the Fourth Councilor District there have been serious crises that have been met with varying degrees of success by the doctors of the areas involved. There is a growing sense of self-reliance among the doctors in the area and this has led to a better understanding of the whole problem of public relations.

It is good to note that there has been a change of feeling toward California Physicians' Service by many physician members who now feel that California Physicians' Service is an instrument of the California Medical Association to be used by the various groups to further their public relations and help solve their difficult problems.

Respectfully submitted,

J. PHILIP SAMPSON, *Councilor,*
Fourth District

FIFTH COUNCILOR DISTRICT

San Luis Obispo, Santa Barbara and Ventura Counties

To the President and the House of Delegates:

Since my election as Councilor for the Fifth District last spring I have spent considerable time reading and studying in order to become acquainted with and gain some insight into the many problems now confronting the medical profession in California and the United States in general. I have attended all of the meetings of the Council except one which was held while I was in Chicago attending the American College of Surgeons meeting.

I have been in close contact with President-elect Morrison, the delegates of San Luis Obispo, Santa Barbara and Ventura counties and members of the legal and public relations department concerning problems dealing with the Fifth District.

This month I am meeting with the Santa Barbara and Ventura County Medical Societies for the purpose of discussing problems which need to be brought before the Council.

As advisory member to the C.M.A. Cancer Commission I have attended the meetings and have been particularly interested in the problems confronting and being so well handled by this organization under the leadership of Dr. Macdonald.

Since the founding of the California Postgraduate Institutes I have worked with Dr. Broaddus and other members representing the tri-counties to help make these meetings entertaining as well as educational.

Respectfully submitted,

ROBERT O. PEARMAN, *Councilor,*
Fifth District

SIXTH COUNCILOR DISTRICT

Calaveras, Fresno, Kern, Kings, Madera, Mariposa, Merced, San Joaquin, Stanislaus, Tulare and Tuolumne Counties

No report, due to the illness of Neil J. Dau, Councilor.

SEVENTH COUNCILOR DISTRICT

Monterey, San Benito, San Mateo, Santa Clara, and Santa Cruz Counties

To the President and the House of Delegates:

The Seventh Councilor District has seen a distinct growth in medical personnel. The distribution of doctors is now such that there are no areas that are not within reach of adequate medical care. The location in many of our communities by specialists in the field of medicine has given the District a much more adequate medical coverage in every field.

Santa Clara County has seen the establishment of a new and rebuilt San Jose hospital with an increase in beds. Salinas is operating its district hospital with success. The Peninsula Hospital in San Mateo County is finished and will be occupied in the near future. While there are still not adequate beds in the Seventh District, efforts are continuing to fill the needs. One area of the District has seen the establishment of a group-controlled medical insurance plan.

Santa Clara County has been leading the way in establishing liaison committees throughout the Bay Area to further the dissemination of medical knowledge, medical care plans and medical insurance ideas.

Santa Cruz County has been most active as the County Society has made a survey of the facilities for the care of the mentally ill, and has made recommendations for meeting the most serious deficiencies in the care of these patients. A new constitution and by-laws have been written. This new constitution will provide a governing board for the society through which official business can be transacted as the Society has grown in number to such a place as to make an executive committee a necessity.

The visit to the various societies of our state officers has done much to explain the work of the State Society and to enlighten the members of each society concerning the most recent trends in the problem of medical care.

Respectfully submitted,

HARTZELL H. RAY, *Councilor,*
Seventh District

EIGHTH COUNCILOR DISTRICT

San Francisco County

To the President and the House of Delegates:

During the past year I have again been honored to serve as chairman of the Council and to attend all Council meetings. The activities of the Council have been reported in minute form during the year and the report of the Council in this issue reflects a summary of Council considerations and decisions.

Respectfully submitted,

SIDNEY J. SHIPMAN, *Councilor,*
Eighth District

NINTH COUNCILOR DISTRICT

Alameda and Contra Costa Counties

To the President and the House of Delegates:

During 1953 the Alameda-Contra Costa Medical Association completed and occupied its new building, which houses the Blood Bank, the Bureau of Medical Economics, and the administrative offices of the Association.

Much of the activity of the Association during 1953 has centered around the implementation of the C.M.A.-C.P.S. Study Committee report of 1952, including the preparation and circulation of a fee-study questionnaire to all members during the latter part of the year. These questionnaires are now being returned and their information tabulated. Upon completion, the results of the questionnaire will be reported to the membership, and the information used to institute the Median Fee Plan designed to solve problems of health insurance.

The Association has been active in consulting with union groups, employers, and insurance companies in order to assist the public in obtaining greater certainty of coverage for doctor bills under health insurance, and has employed an insurance consultant to assist in this activity.

The above described activity is the newest phase of the Association's continuing work in the public interest. The traditional policy of "medical care for all, regardless..." continues to be carried out through the many public service committees of the A.C.C.M.A.

Respectfully submitted,

DONALD D. LUM, *Councilor,*
Ninth District

TENTH COUNCILOR DISTRICT

Del Norte, Humboldt, Lake, Marin, Mendocino, Napa, Solano and Sonoma Counties

To the President and the House of Delegates:

During the past year in the visitation of the officers of the C.M.A. to the component county societies in my district, repeated use of the wire-tape recordings was made. It was, I think, particularly effective in the meeting in Eureka, of the Humboldt-Del Norte County groups. Some members there indicated, in addition, the pleasure that they had in subscribing to the medical excerpts and of the service that is being offered by this new activity of the California Medical Association. From the general meetings throughout my District, I believe one can say that the use of the transcripts for presenting the views of one or two officers of the C.M.A. is most effective. Reports and voices, however, of more than two such people are excessive and would, I believe, tend to detract from the interest and viability of the program.

President-elect Morrison's technique, he being the ranking officer present at most of the meetings, was to present in a serious and logical manner the salient activities of the C.M.A. with particular emphasis on those current problems and enterprises which are occupying the attention of most of the members. He made particular effort to emphasize those broad problems of the C.M.A. which were particularly pertinent and of interest to the county society being visited. I believe that this was most effective and served to impress our members with the sincere efforts of their society on their behalf.

This year effort was made on the part of the visiting officers to meet before the full meeting with the local elected officers of the society, so as to more directly obtain their views regarding C.M.A. and organized medicine problems. In this way a sense of personal interest and reciprocal responsibility was engendered. Every effort was made to invite suggestions and constructive criticisms, so that the visiting officers could more effectively carry out their obligations to the society as a whole.

At each meeting the reception from the point of view of cordiality, friendliness and interest was most heart-warming.

In Eureka the meeting of the officers was held at the Eureka Inn before the main banquet. Among many other problems that were discussed was the desire for some of the members to have a more active representative of C.P.S. in this area, since they felt that this was a very promising area where employer and employee groups were aggressively interested in medical insurance. Unfortunately this year I missed the visitation at the Mendocino-Lake County. I was out of the state at the time, so was not able to take the trip to Ukiah, much to my regret.

In Sonoma County we had the pre-meeting discussions at the family home of the president, Dr. Carl Anderson, and then adjourned to the main meeting in town.

The Solano County officers met ahead of time in the banquet room, and this was under the chairmanship of the president, Milton Smith. They, of course, have particularly pressing problems as regards to the closed-panel type of medical practice as exemplified by the Permanente group.

In Napa County, Dr. Fred Heegler, the president, and the secretary, Dr. Godfrey, were most helpful in their discussion of the way in which the visiting state officers could help that society in their own direct county problems. From that meeting we adjourned to the Napa Women's Club, where it was particularly pleasurable to have the wives of the physicians as well as the physicians themselves at the joint meeting.

At the time of this annual report, the meeting with the Marin County Society has not yet taken place. Your Councilor has, of course, attended all of the Council meetings during the year as well as the Interim Session. He has made a real effort to represent effectively the views of his District, and to act upon the queries and requests that the District members have made to him. I feel that it has been a good and productive year, and one in which the California Medical Association has made significant and well-deserved progress.

Respectfully submitted,

WARREN L. BOSTICK, *Councilor,*
Tenth District

ELEVENTH COUNCILOR DISTRICT

Alpine, Amador, Butte, Colusa, Eldorado, Glenn, Lassen, Modoc, Nevada, Placer, Plumas, Sacramento, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Yolo and Yuba Counties

To the President and the House of Delegates:

Since taking office in May 1953, your Councilor has attended meetings of nearly each county society in the District and has discussed the problems of those societies with their members. It is apparent that the doctors in this District are alert and aware of the present trends in the practice of medicine. There continue to be some problems in adequate hospitalization and in the problem of divided staffs between osteopaths and M.D.'s in two small hospitals of the District.

Because of the relatively small industrial population in the geographical area of this large District, the current difficulty with closed-panel group practice medical plans has not yet made itself felt; however, the Sacramento Society is making vigorous efforts to study and understand the problems of medical care insurance with a view to development of programs which can better satisfy the beneficiaries.

Your Councilor has attended all meetings of the Council held since his election and has attempted to maintain contact with the multitude of problems presented to that body.

Respectfully submitted,

RALPH C. TEALL, *Councilor,*
Eleventh District

REPORTS OF COUNCILORS-AT-LARGE

To the President and the House of Delegates:

I have attended and participated in all Council meetings since my election and of the several committees assigned.

Respectfully submitted,

H. L. CAREY, *Councilor-at-Large*

To the President and the House of Delegates:

It has been a pleasure to serve our Association as a Councilor during the past year.

The problems confronting the Association receive thorough investigation and discussion before decisions are made, and I feel that the component county societies should endeavor to keep in as close touch with the workings at the state level as possible.

Respectfully submitted,

BEN FREES, *Councilor-at-Large*

To the President and the House of Delegates:

During the past year I have attended the regularly called meetings of the Council of the California Medical Association. I have participated in all of the deliberations in problems concerning the California Medical Association.

As chairman of the Insurance Committee of the California Medical Association, I was able to recommend to the Council for its adoption a plan for group health and accident for our membership, as submitted by the Lumbermen's Mutual Insurance Company. This plan was adopted by the Council and was submitted to the membership at large. On November 30, 1953, the plan had qualified and became effective for all participants as of 12:01 a.m. December 1, 1953. I wish, personally, to thank all who helped make this plan possible.

Respectfully submitted,

ARTHUR A. KIRCHNER, *Councilor-at-Large*

To the President and the House of Delegates:

As Councilor-at-Large I have attended the meetings of the Council of the California Medical Association and have taken part in the discussions and decisions of the Council. I have also carried out committee and other assignments.

I have endeavored to translate the wishes of the House of Delegates to the county societies, to other organizations, including the California Physicians' Service as a Council-appointed trustee, to the Blue Cross of Northern California as a member of their board of directors and to the members of the California Academy of General Practice as chairman of the board of directors of the American Academy of General Practice. In turn, requests, questions and problems of these organizations as well as the membership at large of the California Medical Association have been referred to the Council for suggestions or action.

Respectfully submitted,

IVAN C. HERON, *Councilor-at-Large*

To the President and the House of Delegates:

During the past year I have attended all of the Council meetings and have visited, along with the C.M.A. officers, county medical societies in Southern California. The reports of the Industrial Accident Fee Committee, Medical Services Commission, public relations, and Audio-Digest have been outstanding among the many important as well as routine items of business to come before the Council. They were

all studied, discussed, and acted upon in the best judgment of the Council.

The published reports and proceedings of the Council meetings indicate the large number of vital problems and the serious thought that has been given them and all affairs of the Association by the elected officers and employees.

Respectfully submitted,

ARTHUR E. VARDEN, *Councilor-at-Large*

To the President and the House of Delegates:

As Councilor-at-Large I have attended all of the meetings of the Council of the California Medical Association and have taken part in the affairs of the committees to which I have been assigned. I have also continued to sit on the Board of Trustees of California Physicians' Service and carry out committee assignments in that organization.

Respectfully submitted,

T. ERIC REYNOLDS, *Councilor-at-Large*

REPORTS OF COMMITTEES

EXECUTIVE COMMITTEE

To the President and the House of Delegates:

The Executive Committee has held meetings between Council meetings and such special meetings as were necessary. The Executive Committee has handled those matters which have been referred by the Council and other matters requiring emergency action. Routine matters, as well, have been handled by the Executive Committee in an effort to shorten the crowded agenda of the Council.

All actions are subject to confirmation by the Council and subsequently published in CALIFORNIA MEDICINE.

Members of the Executive Committee have given most generously of their time. I particularly wish to thank those members from the southern part of the state for attending the meetings in San Francisco, often on short notice.

Respectfully submitted,

DONALD D. LUM, *Chairman*

COMMITTEE ON ASSOCIATED SOCIETIES AND TECHNICAL GROUPS

To the President and the House of Delegates:

The Committee on Associated Societies and Technical Groups has had nothing referred to it and has held no meetings during the past year.

Respectfully submitted,

H. GORDON MACLEAN, *Chairman*

AUDITING COMMITTEE

To the President and the House of Delegates:

The budget for the fiscal year 1953-54 was presented to the Council at the annual meeting in Los Angeles, May 1953.

The budget for 1954-55 is now under preparation and will be presented at the next annual meeting. Expenditure items were reviewed month by month.

An article "C.M.A. Dues" was published in CALIFORNIA MEDICINE, January 1954 detailing the expenditure of your C.M.A. dollar.

An audit by a certified public accounting firm found all records of the California Medical Association in good order. This report will be published in CALIFORNIA MEDICINE.

Respectfully submitted,

DONALD D. LUM, *Chairman*

COMMITTEE ON HISTORY AND OBITUARIES

To the President and the House of Delegates:

The records of our Society reveal that 119 of our colleagues have passed on during 1953. Among them are some patriarchs known to thousands of our members, but our Society is now so large and its membership increasing so rapidly it would be meaningless to single out any one of them in this report. *Requiescant in pace.*

Compilation of material for the Society's history has been going on quietly under the guidance of our late Honorary Historian, George H. Kress, for several years past. A thumbnail sketch of our history will be found elsewhere in this issue over his name. The passage of time is so swift and historical items often regarded so lightly and thus lost that I take this opportunity to request any member who has old programs, minutes of meetings, newspaper clippings, or any historical material in his possession to forward it to Society headquarters for safekeeping and future use in writing a history.

Respectfully submitted,

J. MARION READ, *Chairman*

COMMITTEE ON HOSPITALS, DISPENSARIES, AND CLINICS

To the President and the House of Delegates:

The Committee on Hospitals, Dispensaries and Clinics, which is an advisory committee, has completed its assignments and presented its reports to the proper authorities.

Respectfully submitted,

JAY J. CRANE, *Chairman*

COMMITTEE ON INDUSTRIAL PRACTICE

To the President and the House of Delegates:

As chairman of the Committee on Industrial Practice for the year 1953, I wish to report that up to the present time no matters have come before the Committee. I recently asked the other members if they had any subjects which they felt we should discuss, and received a negative answer.

I will supplement this report later if there is any activity on the Committee's part.

Respectfully submitted,

PACKARD THURBER, SR., *Chairman*

COMMITTEE ON MEDICAL ECONOMICS

To the President and the House of Delegates:

The full Committee met on Sunday, September 20, 1953, at the Sir Francis Drake Hotel in San Francisco for consideration of the Resolution Number Six which was introduced by Dr. Lester B. Lawrence of Alameda-Contra Costa County at the regular 1953 session held in Los Angeles.

By invitation Mr. Phillip A. Hershey, Certified Public Accountant, 405 Montgomery Street, San Francisco, and Dr. Lawrence were also present.

The Committee unanimously approved the Resolution and recommended its presentation to the Council of the California Medical Association for its consideration and recommendation to the House of Delegates at the interim session in San Francisco, December 12 and 13, 1953.

The House of Delegates at the interim session referred the Resolution to the Medical Service Commission for study.

Respectfully submitted,

L. H. FRASER, *Chairman*

COMMITTEE ON MEDICAL EDUCATION AND MEDICAL INSTITUTIONS

To the President and the House of Delegates:

No items have been presented to the Committee on Medical Education and Medical Institutions for its consideration during the calendar year 1953. For this reason the committee has not met, and therefore has no further report to make. Nevertheless, it stands ready at any time to be of assistance to the officers of the Association or the House of Delegates in the consideration of any matters within its field of responsibility which might be referred to it.

Respectfully submitted,

WALTER E. MACPHERSON, *Chairman*

COMMITTEE ON MILITARY AFFAIRS AND CIVIL DEFENSE

To the President and the House of Delegates:

The members appointed to this committee are as follows: Justin J. Stein, M. D., chairman, Los Angeles 1954; William L. Bender, M.D., San Francisco 1956; Frank F. Schade, M.D., Los Angeles 1955; John C. Ruddock, M.D. (Consultant), Los Angeles.

MILITARY AFFAIRS, NORTHERN CALIFORNIA

In recent months there have occurred several events which affect significantly the activities of the Northern California Advisory Committees, now numbering 57 with 256 members. First, on July 1, 1953, the doctor-draft law was extended for two years and amended; second, the Korean War ended; and third, on September 22, Selective Service System directed local boards to discontinue the processing of special registrants since no calls were expected from the Armed Forces for physicians or veterinarians, and few if any for dentists, before next summer. The reason for this action is a reservoir of such reserve officers which is expected to supply all calls for that period. The net results are important changes in the vulnerability of certain special registrants and reduction of the work-load of the Advisory Committees.

The chief provisions of the current doctor-draft law and of the Defense Department directive which implements it are:

PUBLIC LAW 84, 83RD CONGRESS

(1) The four priorities remain, with these modifications:

(a) Priorities 1 and 2 are allowed credit for active duty since September 16, 1940 and not solely for service after completion of, or separation from, the professional training program in which they participated during War II.

(b) Priority 2 now is required to have served 17 months instead of 21 months as in the past, to qualify as veterans in priority 4.

Under these two provisions many in priorities 1 and 2 now qualify for priority 4. Most of them have been called up, but Selective Service is in the process of reclassification, even though they may be on active duty, since this provision is retroactive.

(c) Other special registrants and reservists are in priority 4 if they have served one day or more since September 16, 1940, the effective date of the basic draft-law.

(2) Length of time required of men now on duty or yet to be called up depends on previous service, as follows:

Prior Active Duty	Required Active Duty
Less than 9 months	24 months
More than 9 months and less than 12 months	21 months
More than 12 months and less than 15 months	18 months
More than 15 months	15 months

(3) A tour of duty in non-professional capacity confers credit equal to that as a doctor.

(4) Credit is no longer given for the time spent in other training courses, such as engineering. Such special registrant is in priority 3 if he has seen no other service, and in priority 4 if he has for one day or more.

(5) Active duty with an allied nation during War II prior to September 2, 1945 receives the same credit as with our own forces.

(6) Aliens are eligible to serve as medical, dental and veterinary officers in the Armed Forces.

(7) One who has more than 21 months since September 16, 1940 to his credit can be called up only in time of war or national emergency declared by Congress, and not by any provision of the doctor-draft law.

(8) Resignation of commission on release from active duty is provided for. However, the man is required then to register with Selective Service, if he has not done so previously and has not yet reached his 51st birthday.

(Terminal leave may be credited as active duty if separation occurred before October 1, 1947, but not after that date.)

(9) The $100 monthly incentive pay is continued.

(10) The Advisory Committees remain in force; current procedures relative to qualifications for deferment are more fully defined.

RELOCATION OF RETURNING VETERANS

The same procedure as outlined in the September 30, 1952, letter has been continued, and expanded for physicians with the cooperation of the Physicians Placement Service of the California Medical Association. The Service maintains an up-to-date list of opportunities to enter practice here and this information is sent to each physician-veteran whose name is referred to this office as one who would settle in Northern California. In addition, we write personal letters to applicants who we feel will be qualified for, and attracted by, opportunities which have come to our attention. There have been many inquiries, and we feel sure that we have helped some locate in communities and institutions which need them, though we have not been able to maintain a follow-up system to tell you numerically.

Almost all relocation activity has been among physicians; very few out-of-state dental, and no veterinary, veterans have indicated a desire to come to this area.

ADVISORY TO THE SELECTIVE SERVICE SYSTEM

As a result of the large pool of reservists and the few calls on Selective Service System by the Armed Forces expected until next summer, there will be few requests for recommendations from the Advisory Committees. However, they will come again when the current supply of reservists has been exhausted. So our organization must remain intact and ready to function when called upon.

NATIONAL ADVISORY COMMITTEE

The National Advisory Committee has just advised of the following policy applicable to reserve officers and special registrants whose appointment as hospital residents is being considered:

Priorities 1 and 2, with rare exception, are to be judged available and not deferrable.

Priority 3, dual-liability, is expected to enter service on completion of internship, without exception.

Priority 3 between ages 28 and 31 as of June 19, 1953, are expected to be ready for active duty on completion of current internship or residency.

SUMMARY OF CLASSIFICATION, SPECIAL REGISTRATION NO. 1, FOR NORTHERN CALIFORNIA, AUGUST 31, 1953

Classifications	Total	Medical				Dental				Veterinary			
		Pr. 1	Pr. 2	Pr. 3	Pr. 4	Pr. 1	Pr. 2	Pr. 3	Pr. 4	Pr. 1	Pr. 2	Pr. 3	Pr. 4
Total living	5474	474	74	1094	2121	160	14	537	700	77	7	117	99
Total classified	2387	473	71	1054	.....	160	14	533	.....	76	6	.....	.....
I-A and I-A-O examined and acceptable	631	40	4	375	.....	12	2	184	.....	13	1	.....	.....
I-A and I-A-O not examined	199	4	2	175	.....	.....	.....	15	.....	3	.....	.....	.....
I-A postponed	7	3	.....	1	.....	.....	.....	3	.....	.....	.....	.....	.....
I-C (inducted)	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
I-C (enlisted or commissioned and on extended active duty)	445	236	22	31	.....	101	4	35	.....	16	.....	.....	.....
I-C (discharged)	17	8	1	.....	.....	7	.....	1	.....	.....	.....	.....	.....
I-C (reserve)	35	21	2	.....	.....	10	2	.....	.....	.....	.....	.....	.....
I-O examined and acceptable	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
I-O not examined	2	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
I-W	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
I-W (released)	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
I-D	109	29	11	23	.....	8	1	25	.....	11	1	.....	.....
II-A	253	18	6	159	.....	3	1	40	.....	24	2	.....	.....
II-S	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
III-A	45	5	8	13	.....	6	.....	11	.....	2	.....	.....	.....
IV-A	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
IV-B	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
IV-C	1	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
IV-D	2	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
IV-F	450	105	14	185	.....	12	4	121	.....	7	2	.....	.....
V-A	185	.....	.....	90	.....	.....	.....	95	.....	.....	.....	.....	.....
Total cancelled	47	7	2	16	12	2	.....	2	3	.....	.....	1	2
Total deceased	34	.....	.....	9	8	.....	.....	9	3	.....	.....	.....	.....

We are asked to advise hospitals to observe this order of vulnerability in selecting residents. Those expected to rise through a series of residencies in the pyramid system should be individuals not liable for military service.

Office of Defense Mobilization this year has sent forms to the nation's hospitals on which to report their complement of house-staff, with particular reference to the military status of each individual. Such tables of organization help us determine essential positions and the availability of personnel filling them.

It is gratifying to learn that active planning is under way to terminate the doctor-draft as unnecessary by the time the current law expires July 1, 1955. Dr. Howard A. Rusk, chairman of the Health Resources Advisory Committee (same personnel as our National Advisory Committee) has recommended further reduction of physician-troop ratio from a projected 3.2 to 2.9. Defense Department's expected proposal for federal scholarships for professional students, each year of such training to be matched by a year of obligatory service subsequently, is intended to increase the proportion of regular professional officers, currently amounting only to 25 per cent. This may prove controversial. More efficient utilization of personnel and medical care of military dependents are subjects to be explored.

Policy and Procedure

Policy and procedure relative to recommendations for occupational deferment remain as outlined in detail in our letter of September 30, 1952. We reemphasize the fact that we are authorized to recommend deferment for occupational reasons only; that is, that the special registrant in question must be more useful for the time being in his civilian position than he would be with the Armed Forces. Such periods of deferment are temporary and limited to six months. To qualify for redeferment after the expiration date, a special registrant must present evidence of sincere effort to secure replacement. Each deferment is to be judged individually. There are no exemptions.

A low ratio of professional men to population in an area is not alone cause for deferment. When such exists, it is the duty of all concerned, vulnerable special registrants, Local Advisory Committees and other interested citizens, to encourage others to locate in their community. As pointed out above, many returning physician-veterans want to settle in Northern California. If your area is undermanned in physicians, this office and the Physicians Placement Service of the California Medical Association should be notified. We have the means of supplying physicians needed. As stated above, we have received few dental and no veterinary applications but localities in short supply are expected to exhaust other sources such as professional schools and associations, and commercial agencies.

Advisory to the Armed Forces

There is very little activity in this field. Those reservists available before the doctor-draft have been called up long ago. Furthermore, most men commissioned subsequently already have been screened by us for Selective Service, so their availability for active duty already has been determined by the time they receive a commission.

Respectfully submitted,

William L. Bender, *Chairman*

The other members of this committee are: L. Louise Baker, R.N., H. S. Cameron, D.V.M., John W. Leggett, D.D.S., Wilton L. Halverson, M.D.

MILITARY AFFAIRS, SOUTHERN CALIFORNIA

The Southern California Advisory Committee has acted as an advisory group under Public Law 779 until July 1, 1953. At this time Public Law 779 expired and Public Law 84, 83rd Congress, was substituted in its place. This law modifies to a certain extent many objectionable factors that were present in the old law. However, it does not change the liability of physicians up through the age of 51 years. The old priorities are still in effect. The Southern California geographical area includes the following counties: Los Angeles, Kern, Santa Barbara, Ventura, San Bernardino, Orange, Riverside, San Diego, Imperial and the combined counties of Inyo, Alpine and Mono.

The Committee is composed of the following: John C. Ruddock, M.D., chairman; Wilton L. Halverson, M.D., Maurice Smith, D.D.S., Paul C. Lockhart, D.V.M., Helen D. Halvorsen, R.N.

The great majority of special registrants are centered in the large areas of population such as the cities of San Bernardino, Bakersfield, Santa Barbara, San Diego, Santa Ana, Riverside and Los Angeles.

The number of total figures has been changed somewhat during 1953 because under Public Law 84, many physicians

classified as Priority II have been changed to Priority IV inasmuch as the amount of active duty since December 7, 1941 has been reduced to seventeen (17) months rather than twenty-four (24) as previously. Because the physical requirements are now lower than formerly, there have been many changes from classification IV-F to classification I-A, the priority remaining the same. In July, 1953, the Selective Service System announced there would be no further inductions under the Act until those special registrants who had been inducted and forced to get commissions but have had no active duty were exhausted in the call-up for active duty. In addition, it was further declared by the Department of Defense that no further men would be inducted in Priority III until all those individuals in priorities I and II who had previously been deferred were called to active duty.

It is anticipated that this moratorium will continue until approximately July, 1954. In the meantime, the Southern California Advisory Committee to Selective Service is processing all physicians in this area who will become vulnerable for military service at that time as well as graduates who will have finished one year's internship and will become available for military service immediately before starting a residency. It is expected that with the new graduates and with the small list of available Priority I and II doctors, it is hoped and anticipated that no further induction lists will be issued prior to July 1, 1955 at which time the public law aimed at the induction of doctors, dentists and veterinarians will expire. This postponement of inductions for physicians in practice will not be accomplished if doctors persist in claiming deferments for recent graduates with a completed one year internship or for the few remaining Priority I and II physicians. Every doctor in this type of group who is deferred will subtract one physician from the list of Priority III doctors who are already in the practice of medicine in the southern area. There is included in this report the following table of special registrants in Southern California as of date August 31, 1953.

Total Living Special Registrants—7318 (total in four priorities).

Total Classified Special Registrants—2501 (this total includes medical, dental, and veterinarians in all three priorities). Of these the following is true for *physicians:*

PRIORITY I—518 Living Special Registrants

I-A	46	Classified as available (33 have been physically examined, found acceptable and are awaiting induction; 11 are professionally available but have not been physically examined; 2 have had temporary postponements of induction).
I-C (Enl)	241	Accepted commissions and now on active duty.
I-C (Ind)	4	Actually inducted, now on active duty.
I-C (Dis)	2	Discharged from active service.
I-C (Res)	27	Completed active service, now holding reserve commissions.
I-D	50	Commissioned and awaiting active duty orders.
II-A	9	Deferred as essential.
III-A	3	Hardship classifications.
IV-A	3	Sole surviving son.
IV-F	127	Found not acceptable for commissioning as medical officers.

In the PRIORITY II group 95 living special registrants as follows:

I-A	11	(6 have been physically examined, found acceptable and are awaiting induction; 4 are professionally available but have not been physically examined; 1 has had temporary postponement of induction.)
I-C(Enl)	28	Accepted commissions and now on active duty.
I-C (Dis)	1	
I-C (Res)	2	
I-D	16	
II-A	7	
III-A	5	
IV-F	17	

In the PRIORITY III group, 1,574 physicians are living in Southern California. As of August 31, 1953, 1,085 have been classified as follows:

I-A	105	Classified as available (examined and acceptable)
	256	I-A but not examined.
	4	Temporary postponement of induction (Priority III registrants born prior to 1912 have not been reviewed by this Committee).
I-C	35	Enlisted or commissioned and on extended active duty.
I-D	24	Commissioned and awaiting active duty.
II-A	428	Deferred because of essentiality.
III-A	11	Hardship.
IV-C	3	Aliens.
IV-D	2	Minister of religion.
IV-F	89	Found not acceptable for commissioning.
V-A	128	Over age of liability.
		Total cancelled—19.
		Total deceased—23.

PRIORITY IV—There are 2,883 physicians who have registered—none classified.

Respectfully submitted,

JOHN C. RUDDOCK, *Chairman*

CIVIL DEFENSE

This report will cover many of the activities of this committee regarding Civil Defense for the past three years. Many of the accomplishments of Civil Defense during 1953 were the result of considerable planning during the years 1951 and 1952. Dr. Frank Schade has been very active in Civil Defense in Southern California and has also attended national meetings. The chairman of this committee, Dr. Justin J. Stein, has been very active on both the state and federal levels and has also participated in the meetings of the radiological safety advisory committee for the State of California, and is a member of that committee.

During the past three years this committee has aided in the accomplishment of the following major projects:

1. Secure and set up the staff organization.

2. Prepare casualty estimates for the target areas, on basis of a 20 K.T. atomic bomb.

3. Prepare regional annexes and plans for a coordinated medical and health service throughout the state.

4. Set up and complete staff organization on state and regional levels.

5. Prepare estimates of cost of supplies (approximately $5,000,000).

6. Determine number of first aid stations required for the state (683).

7. Determine kinds and quantity of supplies required for first aid stations.

8. Determine number of aid stations for each region.

9. Prepare requisitions for supplies and correlate through supply division of civil defense and the state purchasing division.

This Committee has helped the State Office of Civil Defense prepare the following Civil Defense Manuals:

Manual for the Emergency Field Treatment of Casualties.

Manual for Organization, Training and Operation of First Aid Stations.

Manual for Existing Auxiliary and Improvised Hospitals.

Manual for California Civil Defense Blood Program.

Sanitation Manual for Disaster Use.

Manual for Organization and Operation of Mortuary Services.

Public Health Civil Defense and Disaster Plan.

This Committee has also helped in the development and accomplishment of the following:

A blood procurement program has been set up.

Over 180,000 blood vacuum bottles together with donor and recipient sets have been shipped and stored at various locations throughout the state.

Over 80 per cent of the equipment, drugs, dressings, antibiotics, dried plasma, splints, litters and blankets of the aid stations have been received, unitized, packed, shipped and stored in the various regions of the state.

Many hospitals throughout the state are organized for disaster according to plans in the Civil Defense Hospital Manual.

Developed a plan for rotation through state hospitals of stored antibiotics to reduce, as far as possible, loss through expiration date of potency.

Training units for Aid Stations have been procured and are being unitized and made ready for distribution to the various regions.

Development of plant protection program.

Development of public building protection program.

Making individual First Aid packs for the First Aid Workers.

Under training, the following has been accomplished:

Over 600,000 trained in First Aid (Red Cross).

Training courses are being given for blood bank technicians.

Over 5,000 nurses have had courses in disaster nursing, including Atomic Warfare.

Many CPX's (Command Post Exercises) have been held both on state and regional levels.

Dozens of meetings and courses throughout the state have been sponsored and attended.

This Committee during 1954 hopes to accomplish some of the following objectives:

Develop further procurement and supply program for active operations.

Continue procedure for inventory and inspection of stored medical supplies.

Develop further such procedures as emergency water supplies, sanitation procedures and food and milk inspections for general populace, mass care centers, and other assembly points of people during disaster.

Visit all operational areas and assist the local Civil Defense personnel in organizing and setting up their installations.

Develop further plans and procedures for handling atomic, biological and chemical warfare casualties.

Develop and change present plans to cope with changing trends.

Develop further plans for mutual aid between states.

Respectfully submitted,

JUSTIN J. STEIN, *Chairman*

PHYSICIANS' BENEVOLENCE COMMITTEE

To the President and the House of Delegates:

The Physicians' Benevolence Committee continued its usual program in 1953, contributing to the work of the Los Angeles County Physicians' Aid Association and meeting requests for aid from individual physicians or their families. Fortunately, at the close of the year, only two beneficiaries remained on the rolls, in addition to those being helped in Los Angeles County.

The Benevolence Fund gained $8,747.59 during the year. This increase came about through receipts of $16,247.59 and disbursements of $7,500; the net increase has been added to the fund, which at the year end totaled $59,808.97.

Receipts in 1953 included $1,140 interest on U. S. bonds and notes held in the fund, $3,415.34 from the Woman's Auxiliary, $11,604.25 from the California Medical Association and $88 contributed by several employees and friends of the late Dr. Frederick N. Scatena of Sacramento. Doctor Scatena was for some years secretary of the Board of Medical Examiners and the contributions following his death came from departmental employees and other friends.

At the end of 1953 the Benevolence Fund contained $44,000 in U. S. Treasury Bonds, $9,960.20 in cost value of U. S. Treasury 90-day bills, and $5,848.77 cash.

The profound thanks of the committee are extended to the Woman's Auxiliary for its continued campaign to aid this worthy cause. The Auxiliary works through its county chapters each year and manages to come up with a sizeable contribution by the time of the C.M.A. Annual Session. Thanks are also extended to the friends of Fred Scatena for their willing offerings in his memory.

Your chairman again calls attention to the fact that the reserves in the Benevolence Fund are still short of the $60,000 goal envisioned when this fund was established some fourteen years ago. At the same time, inflation has shrunk the value of the money so far accumulated, so that a higher goal must be set and reached. Considering the greatly increased membership of the C.M.A., there will undoubtedly be increased requirement for aid. The $60,000 goal should at least be doubled in order to provide sufficient reserves. Your chairman again respectfully suggests consideration of a higher per capita contribution by the Association than the $1 per member minimum specified in the By-Laws. This amount has started the Benevolence Fund off but greater efforts are needed if the ultimate effective goal is to be reached.

My thanks are extended to Doctors Elizabeth Mason Hohl and Ford P. Cady for their continued cooperation and prompt decisions on all matters coming before the committee.

Respectfully submitted,

AXCEL E. ANDERSON, *Chairman*

COMMITTEE ON POSTGRADUATE ACTIVITIES

To the President and the House of Delegates:

During the past year of 1953 your Postgraduate Activities Committee has continued the program already under way since 1950. During the year, Dr. Edward C. Rosenow, Jr., of Pasadena, has acted as Chairman of the Committee assisted by Dr. Herbert W. Jenkins of Sacramento, Dr. Lester S. Gale of Bakersfield, and Dr. Albert C. Daniels, ex-officio. Dr. C. A. Broaddus of Stockton has continued to serve as Director of Postgraduate Activities.

During the summer, Dr. Gale resigned from the Committee and Dr. John Edward Young of Fresno was appointed in his place. The Committee has met some eight times including a statewide, all-day conference in San Francisco with repre-

sentatives from the five medical schools and the five regions of the state.

We have conducted five two-day medical and surgical institutes, one each in the North Coast Counties, at Santa Rosa, Sacramento Valley Counties at Sacramento, San Joaquin Valley Counties at Fresno, West Coast Counties at Santa Barbara, and the Southern Counties at Laguna Beach.

Two Circuit Lecture Courses were carried out in September, October, and November. One in the northwest area for Ukiah, Eureka, Woodland, and Napa, with speakers from Stanford University School of Medicine, arranged by Dr. Lowell A. Rantz. The other circuit for the northern part of the Sacramento Valley, for Redding, Chico, Marysville, and Auburn, with speakers from the University of California arranged by Dr. Seymour M. Farber.

Twelve of the smaller and more remote counties were supplied with one speaker each from Los Angeles or San Francisco.

All of our programs have been open without fee to all interns, residents and nurses of recognized hospitals and to medical personnel of the armed forces.

Your Director has assisted in the arrangements for the programs of the Stockton Postgraduate Study Club, the Sunday All-Day Symposium at Visalia and the Two-Day Convention at Brawley.

The speakers for the Institutes, the Circuit Postgraduate Lectures, the County Societies and the programs for the several local conferences have been furnished mainly by the faculties of the five medical schools of California through the cooperation of Dr. Harold M. Walton for the College of Medical Evangelists; Dr. Gordon E. Goodhart of the University of Southern California; Dr. Thomas H. Sternberg of the University of California at Los Angeles; Dr. Seymour M. Farber of the University of California and Dr. Lowell A. Rantz of Stanford University. While we have been able to pay a minimum of $50.00 per lecture, plus the speakers' expenses, we still feel greatly indebted to the teaching departments of these medical schools. They have given one hundred per cent cooperation.

The California Academy of General Practice continues to give us hour-for-hour credit for attendance at all of our programs, to rank as credit toward the Number Two Classification of fifty hours in three years. This makes it possible for many doctors to earn their more difficult requirements without too much loss of time from their practice.

Several conferences with representatives from various areas of the state were held during the year. In March, an all-day conference of the Committee on Postgraduate Activities was held in San Francisco. The morning was spent with the representatives from the five medical schools. This group then joined some twenty-one representatives from the five state regions for dinner and further discussion of the needs and problems of Postgraduate Education for the practicing physicians.

At this meeting, the matter of the registration fee was considered and after thorough discussion, it was unanimously agreed to increase the annual fee from $5 to $10. Each registrant is still privileged to attend one or more, or all five of the Institutes for one annual registration fee.

On September 11 we met with Dr. Rantz and some of his faculty and representatives from the North Coast to plan their circuit program. The next day, September 12 we met with Dr. Seymour Farber and members of his faculty and the chairman from the Sacramento Valley Circuit to plan their lecture course.

In addition to these meetings, your Director has met at least once with the representatives from each medical school and the Regional Committee of each region to plan the program for the 1954 Institutes.

From the middle of May to the middle of July, your Director traveled through fourteen eastern, southern and middlewestern states and was in conference with men in each of them interested in postgraduate education. In New York City during the American Medical Association's Convention, he conferred with men from Massachusetts, Michigan, Minnesota, and Pennsylvania. A good deal of helpful information was collected from these conferences.

Your Committee feels that the program is growing in interest and should be continued. Therefore your Committee requests the House of Delegates that the Council of the California Medical Association be directed to continue the allocation of funds for the support of this committee in making possible postgraduate opportunities for its members.

FINANCIAL STATEMENT

Stockton Office Expense			
Salaries:			
Director		$ 6,000.00	
Secretary		2,100.00	
Office Rent		825.00	
Printing		632.62	
Stationery		266.90	
Postage		301.43	
Telephone Tolls		156.83	
Office Equipment		116.73	
			$10,399.51
Institutes, County Lectures, and Circuit Lectures			
Travel Expense	$ 709.41		
Meals	431.73		
Hotels	311.54		
Extra Help and Porter Service	134.00		
Lecture Room Rentals	292.50		
Committee Meetings	606.03		
State-Wide Conference	925.47		
Guest Expense	72.67		
County Speakers:			
Honoraria	$150.00		
Travel Expense	76.09		
	226.09		
Institute Incidentals	136.90		
CMA Exhibit for Convention	136.16		
		3,982.50	
Speakers:			
Honoraria	$6,000.00		
Travel Expense	1,560.50		
		7,560.50	
			11,543.00
			21,942.51
Receipts from Institutes and Circuit Lectures			6,675.00
			$15,267.51

The California Medical Association can view with pride, its part in furnishing real service to its membership by making such high quality postgraduate opportunities available to them. The state program compares favorably with that of any other state in the Union.

Recommendation:

For the fiscal year from July 1, 1954 to July 1, 1955, we recommend a budget of $28,500 which is to include the expected income of $8,500.00 from fees for the two Circuit Lecture Courses and the five Regional Institutes.

Respectfully submitted,

EDWARD C. ROSENOW, JR., *Chairman*

COMMITTEE ON PUBLIC POLICY AND LEGISLATION

To the President and the House of Delegates:

The 1953 session of the California Legislature completed its labors on June 10, 1953. Your committee is happy to report that the legislative program as outlined by the House of Delegates and the Council was entirely successful. This was due to the cooperation of the membership in making legislative contacts when called upon and appearing before meetings of legislative committees.

Several bills sponsored by the California Medical Association were enacted into law. Details of these have been given to you through your bulletins and by other means. Chief in interest among these was a bill to authorize the Industrial Accident Commission to establish a minimum medical fee schedule.

Since the adjournment of the Legislature, interim committees of the Senate and Assembly have been investigating various matters relating to public health and your legislative committee has kept in close contact with and cooperated with these committees.

This year of 1954 is election year. The voters of California will select a United States Senator; 30 members of the House of Representatives of the United States Congress; a governor, lieutenant-governor and other state executives; 20 members of the State Senate and 80 members of the State Assembly. The primary election will be held in June.

Your legislative committee again urges every member of the California Medical Association to acquaint himself with the candidates and their views upon legislation affecting the public health.

Respectfully submitted,

DWIGHT H. MURRAY, *Chairman*

COMMITTEE ON PUBLIC RELATIONS

To the President and the House of Delegates:

> **"I would like to reiterate: In the coming session all bills looking toward socializing your profession will be vetoed by this Governor."**

The above statement, made by Governor Goodwin J. Knight in a speech before the House of Delegates on December 12, 1953, in San Francisco, might well be a summary of the results of the professional and public relations efforts of the members of the California Medical Association over the past several years.

While Governor Knight's appearance was arranged *by* the Public Relations Department, the words he uttered were his personal appraisal *of* the profession. He has a long record for honesty and integrity in his history of practicing attorney, judge and Lieutenant Governor. Had he not been convinced of the profession's determination to serve the public, it is unimaginable that he would have made such an unequivocal statement.

Assistance in the preparation of four public service, profession-sponsored television productions; personal reports to the members of the component County Societies; cooperation on an "on call" basis on any and all matters with the County Societies, the Public Health League and with the many committees of the Association; the production and distribution of on-the-spot tape recordings for the information of the profession; integration of the efforts of the California Physicians' Service to maintain the right of the patient of "freedom of choice" in his selection of a physician—all this along with our initial grass roots assignment of furthering "medical care on a 24-hour basis," making that care available "regardless of ability to pay" and encouraging the establishment and implementation of "public service committees," where differences between patient and doctor may be resolved, pictures the major activities of the department.

With the permission of the President and the members of the House of Delegates we would like the privilege of making a supplementary report from the floor at the 1954 meeting of the Association.

Respectfully submitted,

ED CLANCY, *Director*

COMMITTEE ON SCIENTIFIC WORK

To the President and the House of Delegates:

The Committee on Scientific Work met twice during the past year, and each time with the section officers.

Television is the innovation that caused the greatest amount of change in the planning of the Annual Session. The committee has attempted to work this program out so that it ties in with the scientific papers and is not in the form of a sideshow.

The Annual Session again will be four days in length, but this time Scientific Sessions will be held at the same time that the House of Delegates meets for the second time. There was considerable objection last year to having this day free of Scientific Sessions.

There will be a "meet the press" luncheon on Saturday, May 8, which will be under the direction of Mr. Robert Edwards, who has done such an outstanding piece of work each year. Mrs. Barbara Rooney and Mr. Robert L. Thomas have contributed greatly to the arrangements for the Annual Session, and without their help it would be impossible to put on as good a meeting.

Respectfully submitted,

ALBERT C. DANIELS, *Chairman*

REPORT OF THE EDITORIAL BOARD

To the President and the House of Delegates:

A meeting of the Editorial Board was held in Los Angeles last year at the time of the Annual Session of the California Medical Association. Members discussed ways to speed the process of reviewing manuscripts submitted for consideration, in order to let authors know sooner whether or not they are acceptable for publication.

Dr. Frank J. Crandall, Jr., who had served with distinction as one of the members of the Allergy Section of the board since the formation of that section in 1949, died last summer. With the approval of the Council Dr. Edmund L. Keeney of San Diego was appointed to the vacant post.

The members of the board are:

Chairman of the Board:
Dwight L. Wilbur, San Francisco

Executive Committee:
Albert J. Scholl, Los Angeles
H. J. Templeton, Oakland
Edgar Wayburn, San Francisco
Dwight L. Wilbur, San Francisco

Allergy:
Edmund L. Keeney, San Diego
Samuel H. Hurwitz, San Francisco

Anesthesiology:
William B. Neff, Redwood City
Charles F. McCuskey, Los Angeles

Dermatology and Syphilology:
Paul Foster, Los Angeles
H. J. Templeton, Oakland

Ear, Nose and Throat:
Lawrence K. Gundrum, Los Angeles
Lewis Morrison, San Francisco

Eye:
Frederick C. Cordes, San Francisco
A. R. Robbins, Los Angeles

General Practice:
James E. Reeves, San Diego
John G. Walsh, Sacramento

General Surgery:
Frederick L. Reichert, San Francisco
C. J. Baumgartner, Beverly Hills

Industrial Medicine and Surgery:
Rutherford T. Johnstone, Los Angeles
John E. Kirkpatrick, San Francisco

Internal Medicine:
Maurice Sokolow, San Francisco
O. C. Railsback, Woodland
Edgar Wayburn, San Francisco
John Martin Askey, Los Angeles
W. E. Macpherson, Los Angeles

Obstetrics and Gynecology:
Daniel G. Morton, Los Angeles
Donald G. Tollefson, Los Angeles

Orthopedic Surgery:
Frederick C. Bost, San Francisco
Hugh Jones, Los Angeles

Pathology and Bacteriology:
Alvin G. Foord, Pasadena
Alvin J. Cox, San Francisco

Pediatrics:
E. Earl Moody, Los Angeles
William G. Deamer, San Francisco

Pharmacology:
Hamilton H. Anderson, San Francisco
Clinton H. Thienes, Los Angeles

Plastic Surgery:
George W. Pierce, San Francisco
William S. Kiskadden, Los Angeles

Psychiatry and Neurology:
Karl M. Bowman, San Francisco
John B. Doyle, Los Angeles

Public Health:
George Uhl, Los Angeles
Charles E. Smith, Berkeley

Radiology:
R. R. Newell, San Francisco
John W. Crossan, Los Angeles

Thoracic Surgery:
John C. Jones, Los Angeles
H. Brodie Stephens, San Francisco

Urology:
Lyle Craig, Pasadena
Albert J. Scholl, Los Angeles

Respectfully submitted,

DWIGHT L. WILBUR, *Chairman*

ANNUAL REPORT OF THE CANCER COMMISSION

To the President and the House of Delegates:

During the past year the program of the Cancer Commission has been a continuation of the pattern of preceding years, but again with increasing emphasis on the investigation and reporting of some esoteric remedies allegedly of value in the treatment of cancer. The latter phase of the Cancer Commission's expanding program is aimed at the protection of the public as well as being inspired by our own interest in the possible value of any proposed agent, regardless of sponsorship. Although the accelerated tempo of this latter phase of the Commission's work has placed a heavy burden on its officers, there has been no slackening of the Commission's efforts in cancer control, particularly in the field of postgraduate education, in the continued promotion of the principle of cancer detection in the physician's office and in the increasingly successful program relating to consultative tumor boards in general hospitals throughout the state.

Unfortunately none of the proposed treatments for cancer investigated by the Commission have proved to be of any significant value. During 1953 official reports of the Commission's investigations of two of the most widely publicized of these remedies were published in CALIFORNIA MEDICINE. At the same time abstracts of the reports were released to the press with subsequent widespread newspaper publicity and frequently with editorial comment of a highly favorable nature. These two reports concerned agents usually referred to respectively as Laetrile and arginase. It is the opinion of the Commission that the publication of unfavorable findings in respect to these two agents has decreased greatly the use of both of these worthless remedies, and thus protected many patients from exploitation by physicians who, regardless of their intent, might have used the agents with increasing frequency.

As is customary in such situations the Commission has been subjected to a certain amount of abuse including the accusation of "medical politicians," the significance of the expression in this instance leaving little doubt as to the implication.

Also during 1953 the Los Angeles County Medical Association brought charges against one of its members who had used Laetrile in a considerable number of patients with cancer, as a result of which proceedings, the Council of the Association rendered a verdict in favor of expulsion of the accused. This verdict was later sustained on appeal to the Judicial Council of the California Medical Association. To the best of our knowledge, this is the first occasion on which a county medical society has undertaken to prefer such charges against a member on the basis of the use of a remedy for a specific disease proved to be without value after investigation by a commission of its own state medical association.

Other proposed agents for the treatment of cancer are under continuing investigation by the Commission, the most important of which is an agent which has been used with increasing financial success by a one-man show in Southern California, and concerning which a report of the Commission will be published within the next several months.

The Commission again acknowledges with gratitude the interest and support of the Council and the officers of the California Medical Association in this phase of its work. This year the investigations concerning the actual results of such treatment, as well as the necessary expenses of laboratory and animal surveys of these agents have amounted to a distinct financial contribution by the California Medical Association in the interests of the public welfare.

The general format which was developed by the Commission last year for the impartial investigation of proposed remedies for cancer has proved to be an entirely successful pattern, and the outline of this format is apparent in the reports rendered by the Commission and published in CALIFORNIA MEDICINE. Dwight Wilbur, Editor of CALIFORNIA MEDICINE, has been most helpful in providing prompt publication of reports.

Other continuing activities of the Cancer Commission during the past year may be summarized as follows:

1. During the calendar year various forms of organized programs in institutions concerned with cancer were investigated in 74 separate hospitals and clinics. Tumor boards complying with the minimum standards of the Cancer Commission were found to be operating in 61 hospitals, of which the Cancer Commission gave full approval to 57 and tentative approval to 4. In these tumor boards during the same calendar year were seen 9,934 new patients. The Commission is entirely convinced that very considerable benefits accrue to the patients seen by these tumor boards, as well as to the physicians who refer such patients, and that the consultative services so offered in a general hospital constitute a real contribution to cancer control. We have information concerning eight additional hospitals which are planning to organize new tumor boards.

2. During the past year cancer conferences for county medical societies were held in 20 separate areas, some of the meetings combining two adjacent county societies. Forty-two speakers were on the programs of the cancer conferences. The total membership of the county medical societies so provided with programs was 2,246 and attendance at the conference was 1,033, or a total of 46 per cent of membership.

3. The annual midwinter conference on tumor pathology was again held under the auspices of the Cancer Commission at the Fairmont Hotel in December as a joint session with the Southwestern Region of the College of American Pathologists and the California Society of Pathologists.

4. The annual preconvention conferences in tumor pathology and radiology will be held just prior to the Annual Session for 1954.

5. The Cancer Commission continues to have under its auspices the Tumor Tissue Registry located at the Los Angeles County Hospital, but operated as a statewide service to pathologists. The great value of this service to pathologists, and indirectly to all clinicians interested in cancer, has already been described, not only as a consulting service but as a repository of an enormous collection of study sets relating to all forms of neoplastic disease.

6. The Commission and the California Division of the American Cancer Society continue to provide physicians in general practice with subscriptions to *CA: A Bulletin of Cancer Progress*. Some 5,000 physicians are currently being provided with regular copies of this periodical.

7. The efforts of the Commission in promoting an effective program of cancer detection in physicians' offices is meeting with some continued success as well as, in some areas, some degree of opposition. It is apparent that the program can succeed only by stimulation of component county societies. Not having the appeal and news value of the so-called cancer prevention centers, this program can only continue to expand and to prove its worth by its successful prosecution in the individual physicians' office. The contention of the Commission that cancer detection belongs in the interested physicians' offices has just recently been underscored by a formal report of a one-year pilot plan successfully completed in Riverside County. The report of this plan and its success by the cooperation of the members of the Riverside County Medical Society will be reported in an early issue of CALIFORNIA MEDICINE.

Once more the Commission acknowledges the very successful cooperative efforts which it enjoys with the California Division of the American Cancer Society. The Commission also continues to maintain a very helpful liaison with the Bureau of Chronic Diseases of the Department of Public Health of California. Much of the success of the cancer conferences and of the Commission's program in relation to tumor boards is due to the efforts of the Commission's Medical Director, Franklyn C. Hill, M.D.

Respectfully submitted,

IAN MACDONALD, *Chairman*

ADVISORY PLANNING COMMITTEE

To the President and the House of Delegates:

The Advisory Planning Committee has continued this past year to schedule its meetings the day preceding the meetings of the C.M.A. Council. Any decisions of the committee are reported to the Council for consideration, in accordance with the terms of the resolution which originated this committee.

Again, as in the past, the committee has functioned primarily as a public relations discussion group. Here is where ideas may be discussed and tested out in advance of their inauguration. The members of the committee serve as an excellent liaison between the C.M.A. and the major county medical societies. Here it should be noted that this committee has no authority to act; its deliberations are strictly investigative and exploratory, with all decisions on plans and policies subject to report to and consideration by the Council.

Respectfully submitted,

JOHN HUNTON, *Chairman*

BLOOD BANK COMMISSION

To the President and the House of Delegates:

Sirs, we dedicate this report to all volunteer blood donors. Their blood donations, whether used on the Korean battle front or in your local hospitals, were life saving.

The year 1953 saw these results take place in our California Blood "Life Line."

1. *Blood* to Korea—515,504 units dispensed at an average cost of $5.42 per unit.

Blood for the civilian home front—$125,963 units likewise procured, tested, packaged and shipped for your patients at cost.

2. *Exhibits.* Three showings of our exhibits were made within our state and one in Chicago. We anticipate showing our new exhibit during the 1954 American Medical Association Convention in San Francisco.

3. *Travel.* Trips were made to New York, Chicago, Washington, Fort Worth and Victoria, B. C. Many routine and "emergency" meetings were held throughout the state.

4. *Clearing House.* This program has proved its worth and is being copied by other State Blood Bank groups. We are proud to have pioneered this vital administrative facet of blood banking. The proposed National Clearing House will probably include features of California's effort.

5. *California Medical Association Resolution on Blood Banking* was adopted by the American Medical Association. We believe this basic medical declaration will rank with the "Boston Agreement" in that it defines in forceful language the philosophy of Medicine in Blood Banking. These two proclamations should bring a unity and orderliness into the national program.

6. The *Armistice in Korea* brought about an abrupt cancellation of defense contracts between our eleven member banks and the American Red Cross (the Office of Defense Mobilization's official blood banking agency); however, our "Life Line" was able to absorb the depressive shock.

The 46 Red Cross Regional Blood Centers, however, continue to solicit donors for this program, namely: (a) blood for the service wounded, (b) blood for gamma globulin, and (c) blood for Civil Defense stockpiling of plasma and serum albumin, which in our personal opinion is an example of organizational partiality within the framework of the present National Blood Program.

Looking to the future, we are hoping to see an impartial Blood Bank Advisory Committee functioning at a national level to consider controversial blood bank problems.

7. *Publicity.* We need to disseminate more information about our blood bank program to the communities who are benefiting from the service. This will be done in 1954.

8. *The 1953 Blood Bank Meeting* was held in Riverside. Dr. Lewis Alesen and Dr. Malcolm Merrill were the guest speakers at the banquet. The 1954 meeting will be held in Sacramento, February 20 and 21. It is a great satisfaction to note the increasing attendance of local doctors at these meetings.

THE "TEN COMMANDMENTS" FOR BLOOD BANKING

1. Blood banks serve the people best if they are medically sponsored and operated, but community shared.

2. They should be non-profit and function on strict business principles. To accomplish this, banks *must* stress the cost service fee and donor replacement plan.

3. Banks must not deny transfusion therapy because of inability to (1) arrange for donor replacement or (2) pay the service fee.

4. Blood banks should be integrated with each other.

5. Banks must serve rural and urban areas impartially by speedy, continuous and dependable service.

6. They should utilize, when feasible, all blood bank facilities within their area providing they meet minimum technical standards.

7. The banks must stress community participation by enlisting, educating and training volunteer workers.

8. They should stimulate research in all phases of blood banking and solicit endowments for such essential scientific work.

9. They should encourage interstate reciprocity, fashion state blood bank systems under strict medical supervision and work for a realistic National Blood Program.

10. Blood banks should, in time of peace, prepare for disaster or war.

We pay humble and grateful thanks to our great legion of volunteer blood donors. Medicine salutes their courage and patriotism.

Respectfully submitted,

JOHN R. UPTON, *Chairman*

MEDICAL SERVICES COMMISSION

To the President and the House of Delegates:

The Medical Services Commission has held meetings with representatives of labor, group practice, Blue Cross and California Physicians' Service, and employer groups since our last annual report to the House of Delegates in May, 1953. The executive committee has held six meetings also.

The Medical Services Commission has:

1. Written and published a pamphlet with the assistance of the Public Relations Department of the C.M.A. entitled "Health Insurance Is *Good* Medicine." This pamphlet is presented in the public interest for distribution to patients by their personal physicians and offers some valuable information and guide posts for the selection of good prepaid medical plans.

2. Formulated a tentative set of principles under which prepaid medical plans should be presented to the public, published and sent them to all members of the C.M.A. for comment. A final set will soon be adopted by the Commission.

3. Been strong and consistent in its advocation of free choice of physician.

4. Studied and rewritten the C.M.A.-C.P.S. Study Committee report and made tape recordings and film strips condensing and explaining the report for use in all local medical societies.

5. With Council of the C.M.A. approval has requested that each county medical society establish a study committee in order that the general membership of the C.M.A. can obtain first-hand opinions and recommendations of labor, insurance carriers and employers' groups on prepaid medical care and also for the purpose of studying the rewritten study committee report.

6. Has appointed with Council approval a Fee Schedule Study Committee, Francis Cox, chairman, to formulate principles for establishing fee schedules. This committee is actively engaged in this study at present.

7. Reviewed the recommendations of the Dichter Report on C.P.S. and found that its recommendations are being carried out.

The Medical Services Commission has now gathered considerable data and experience on prepaid medical plans and is prepared to assist county medical societies in the study and application of this accumulated material.

Respectfully submitted,

HENRY GIBBONS, III, *Secretary*

COMMITTEE ON INDUSTRIAL HEALTH

To the President and the House of Delegates:

As a result of joint action by the California Medical Association and the California State Nurses' Association a statement, "Nursing Services in Industry: A Statement of Principle," was published in the September 1953 number of CALIFORNIA MEDICINE and in the *Bulletin* of the California State Nurses' Association.

Your Committee on Industrial Health wishes to express its appreciation of the cooperation it has received from the California State Nurses' Association, as well as for the assistance and support of your Council in the preparation and publication of this statement. We feel that this statement either in its present form or modified, if necessary, to meet conditions in the future as they change, will prove of value for long term understanding between the two associations.

At the time of this report your Committee has not outlined a project for 1954. This has not been for lack of problems which involve industrial health. On the contrary, from the plethora of such which exist, your Committee has not as yet selected, either by meeting or through correspondence, one or more of these problems on which to concentrate its activity. It is anticipated that a supplemental report outlining a projected activity will be submitted to the Council by the time of the annual meeting in May.

Respectfully submitted,

CHRISTOPHER LEGGO, *Chairman*

COMMITTEE ON RURAL HEALTH

To the President and the House of Delegates:

During 1953 this committee has sought to expand its activities in the field of rural health throughout the State of California. It has attempted to cement its relationship with various farm groups and others interested in the overall problems affecting health in rural areas as well as metropolitan centers having "fringe" districts sparsely populated. The committee has patterned itself along the lines of fostering and encouraging greater physician participation in community activities especially those related to health matters. As a result, the committee in general and several individual members in particular have found themselves closely allied to many groups of citizens interested in one form or another in health activities. This has led to the successful attainment in more than one instance of helping to guide these interested groups along the lines of accepted and recognized medical concepts rather than allowing these well-meaning citizens to pursue a course only to discover later the fallacy of their program. The results have been very gratifying.

A very close and mutually beneficial relationship exists between this committee and the Department of Public Health. Matters of considerable concern to the department have been seriously considered by the committee and it is hoped that its deliberations have been of assistance to California's outstanding Public Health Department. Our committee owes a vote of thanks to the director and his entire staff for their untiring efforts in behalf of the citizenry and physicians of California. Our committee pledges its continued assistance in attempting to make their task a lighter one.

To the farm groups in general and the California Farm Bureau Federation in particular the committee wishes to express its gratitude for the splendid cooperation existing between the residents in rural areas and the physicians. The chairman as well as representatives from the C.M.A. Department of Public Relations were privileged to be in-

cluded on the program at the annual meeting of the Farm Bureau. A most cordial friendship exists resulting in a mutual understanding of problems. The growers of the state indeed have theirs and they in turn are cognizant of ours as practicing physicians.

The committee can report continued success in the field of migrant medical service. This is particularly true on the so-called "westside" of the San Joaquin Valley. The physicians in this area together with health department personnel and the farmer have worked out a very satisfactory solution to the problems affecting health and medical service. Of added interest is the fact that migrant workers are becoming less migrant and are therefore assuming their rightful position within the community thus lessening not only the problems affecting health and medical care but housing, sanitation, food, clothing and community organization as well. There are undoubtedly other areas within the state where issues involving this segment of our population are still present but it is hoped that through the activities of our committee and related groups these situations will be resolved.

The California Rural Health Council which this committee was privileged to help initiate is continuing to grow in scope and influence. Within this group in addition to the practicing physicians are representatives from the Health Department, farm groups, parents and teachers, and Agricultural Extension Service. The Council meets every two months throughout the year to consider problems of mutual concern.

By action of the Council of the C.M.A. the Committee on Rural Health has been assigned the task of assisting in the physician placement program of the state. The committee feels there is much to be done in this direction and has to date served to clarify some misconceptions concerning the distribution of physician coverage. In considering the problem, a subcommittee determined that according to currently used yardsticks there are relatively few areas within the state that might be considered inadequately served by physicians. It further recommends that liaison be established by the C.M.A. with the California Academy of General Practice to establish how large a segment of population is necessary to provide sufficient patients to keep a general practitioner busy and utilize his services fully. When this figure is known, the C.M.A. could justifiably oppose the encouragement of a physician to practice in a community whose size is insufficient to fully utilize his medical training and skill. The subcommittee further recommended continued study of methods to evaluate physician distribution so that the needs of people for medical care could be met at all times. By further direction of the Council the committee is considering means by which recent graduates in medicine cannot only be attracted to rural areas but be encouraged to remain by making good use of their talent, time and training.

The chairman has been privileged to sit as a member of the Governor's Committee on Children and Youth. Although many of the problems considered by this committee are of a nonmedical nature, it is interesting to note that by the same token many of the issues considered have medical or semi-medical components wherein physician representation and counsel serve a most useful purpose. Physician (of which there are two in number) influence on this committee has done much to guide the program for the Governor's Conference on Delinquency to be held in Sacramento February 25 and 26. It is to be hoped that physicians from various parts of the state will find time to attend this conference and stand ready to give of their time and skill in the solution of this matter of great social concern.

It is the desire and hope of this committee that local medical societies will see fit to perpetuate their committees on rural health whereby they, in turn, can contribute to continued welfare of their communities. By injecting themselves into matters other than the strict application of medical service physicians can do much toward leading the thinking of their community in the right direction. It has been the experience of this committee that the citizenry as a whole welcome such participation.

The committee wishes to thank all the officers and Council as well as the administrative staff for its continued support of our activities.

Respectfully submitted,

HENRY A. RANDEL, *Chairman*

ANNUAL COUNTY MEDICAL SOCIETY REPORTS

FIRST DISTRICT

San Diego County.

Francis E. West, San Diego, *Councilor.*

San Diego County Medical Society

Progress made by the Society in 1953 was due to plans carried out by various committees. New committees were formed to deal with matters that had presented themselves for the first time. Chief among these were the TV and Building Program committees.

The TV committee has successfully presented a half-hour weekly TV panel program on Channel 8. This accomplishment started in the summer of 1953 and will continue into 1954. The "Your Doctor Answers" programs have attracted wide-spread favorable comment and the society is fortunate in having the opportunity of reaching the public through this medium.

Another 1953 development which attracted the attention of all members was the recommendation of the building committee that property be purchased for the construction of a building to house the medical society and its related activities. The society did purchase property and the committee is busy formulating plans for the employment of an architect and contractor. It is expected that the society will move into the new quarters the latter part of 1954.

The membership committee inaugurated a series of indoctrination courses for applicants. Six courses were presented during the year and each applicant was required to attend four of the six as a prerequisite to membership in the society. The courses have been well received and it is believed that a better informed membership will assist the society in meeting the problems that will arise in the year ahead.

The program committee placed emphasis on medico-economic problems facing medicine and the success of the choice was evident by the number of doctors who attended the monthly dinner meetings. Detail men were encouraged to present their products at the meetings, and each meeting took on the appearance of a small medical convention with all the benefits which come from a convention. Informality was stressed at the meetings and the air of good fellowship created did much to assure the success of the "new type" program.

The public relations committee was active in printing pamphlets for distribution to patients, conducting an A.M.A. exhibit at the County Fair, publicizing the society's TV show and promoting the C.M.A.'s public relations program.

The postgraduate study committee arranged for additional courses to be presented in San Diego. The medical schools of both UCLA and USC presented a series of courses which had been designed to meet the needs of local physicians.

The society was honored in again hosting the general practitioners at their state convention in Coronado. The maxillofacial surgeons also chose Coronado for their national convention. Both conventions were attended by many of our members.

W. H. GEISTWEIT, JR., *Secretary*

SECOND DISTRICT

Imperial, Inyo, Mono, Orange, Riverside and San Bernardino Counties.

Omer W. Wheeler, Riverside, *Councilor.*

Imperial County Medical Society

In order to establish better public relations with the people of Imperial County the Medical Society through its public service committee placed an announcement in all the local newspapers requesting anyone who had any unsolved problems or who had failed to arrive at a satisfactory agreement with their personal physician on any medical problem to write to the Public Service Committee and report the same to the committee. The cost of these announcements was provided for by the public relations department of the California Medical Association.

The medical society succeeded in getting the County Board of Supervisors to appoint three members of the County Medical Society to a seven-member hospital commission whose function is to advise the Board of Supervisors on matters pertaining to the management, conduct and operation of the Imperial County Hospital.

The society holds its regular meetings the second Tuesday of each month at 8 p.m. at the Pioneers Memorial Hospital. The scientific program is followed by a business meeting.

ERNEST BROCK, *Secretary*

Orange County Medical Association

The society's program of effective committee organization, coordination of projects and emphasis on internal relations as well as public relations, has continued to be our basic objective for 1953. An unprecedented roster of committees was formed and resulted in a record-breaking number of committee meetings, a total in excess of 90, with over 1000 man-hours being spent in committee work.

Our biggest project of the year centered around the Third National Boy Scout Jamboree which was held at Corona del Mar during the first two weeks of July. The officials of the Boy Scouts of America requested that members of our association perform recheck physical examinations on 50,000 boy scouts within 24 hours after their arrival at the camp site. Duly appointed committees immediately set to work and every doctor physically able to do so volunteered to donate a minimum of five hours to giving the examinations. Of 201 doctors scheduled at five-hour intervals from 8 a.m. to 10 p.m. daily for four days, 200 doctors showed up, on time, exactly as scheduled. Such unified action on the part of a county medical association had been unheard of, according to top officials of the Boy Scouts. Television and newspaper reports all told of the unprecedented efforts of the members of our association. The lack of any contagious outbreak and the least incidence of illness of any Jamboree was attributed in great part to the fine work of the Orange County physicians.

Public Relations came in for its share of work on the part of all members and especially the committee members. A survey of the number of hours of free medical care donated by members was conducted by the P. R. Committee. Final results, which are now being tabulated, will be used for various types of publicity so that the public will be better informed as to the service doctors render in caring for the indigent and that, under a government program, this free medical care would be paid for by the taxpayers. The highlight for the P.R. Committee was their joint efforts with the program committee in putting on a Public Relations Clinic for all doctors and their office medical assistants. The evening saw over 200 people in attendance, with the program attempting to promote a better understanding, on the part of medical assistants, of the many problems faced by the doctor in the care of his patients, his records, monthly billings, and all other ramifications of office reception and assistance. This is the first time such a meeting has been conducted by any California association and appears to be headed for an annual affair.

The Program Committee again furnished the association with outstanding speakers, with the climax being a combined meeting of the medical doctors and the Orange County Bar Association. Many mutual problems were discussed and as a result a much closer and practical liaison between the two groups has already been established.

Blood supply, while it is a continuing problem, did receive a vast amount of study from the Blood Committee. Such factors as only one delivery a week from the Los Angeles Regional Bank and only a 17 per cent replacement on the part of county citizens were among the urgent matters considered.

Our very active Woman's Auxiliary continued its many projects of aid to the profession and service to the public. Recruitment of nurses through the awarding of scholarships and other promotional ideas was highly successful. Businessmen and service clubs were induced to take an interest in the nurse shortage and various groups donated even scholarships. The Auxiliary also furnished some 90 schools and Parent-Teacher Associations with subscriptions to *Today's Health* magazine, thus furnishing them with continuous modern and factual health information.

The medical society and the citizens of Orange County jointly launched a fund-raising campaign for the new proposed $1,500,000 North Orange County St. Jude Hospital. Over one-third of the goal has already been raised and plans are now proceeding at a rapid pace.

Our membership has continued with a steady growth, 35 new members having been accepted this past year, the largest number in history, bringing our total roster to 259. Thus, we are keeping pace with the increased population which has made Orange County the fastest-growing area, percentage-wise, in Southern California.

CHAD M. HARWOOD, *Secretary*

Riverside County Medical Association

The annual golf tournament of the Riverside County Medical Association was held December 9, 1953, at the Victoria Club in Riverside. This was a combined tournament with the Riverside County Pharmaceutical Association. Wives were invited to the dinner dance that followed the tournament.

Scientific programs are presented at the regular monthly meetings of the association held the second Monday of each month.

The *RCMA Bulletin* is published monthly and contains pertinent news and information for the medical profession.

JOHN S. O'TOOLE, *Secretary*

San Bernardino County Medical Society

The San Bernardino County Medical Society has finished another year under the able direction of our retiring president, Dr. C. Norman Abbott, of Ontario.

Our public relations program has been highly successful. This has been mainly due to the belief in the principle that the basis of good public relations is the direct contact between the doctor and his patients. Our members have been urged to join our local Chambers of Commerce, and participate in all civic affairs. That this has been successful is quite evident in the steady improvement of our public relations.

This year our society has bought newspaper space in all main newspapers in our county for season's greetings to the general public. This has brought considerable favorable comment, and has improved general goodwill.

Our committees have been active and there has been a wide participation by our members in the affairs of our county society.

The financial condition of our society has likewise improved, to the extent and because of the steadily mounting surplus, that our members have voted that the dues be reduced to $5.00 per year.

CARL M. HADLEY, *Secretary-Treasurer*

THIRD AND FOURTH DISTRICTS

Los Angeles County.

H. Clifford Loos, Los Angeles, *Councilor,* Third District.
J. Philip Sampson, Santa Monica, *Councilor,* Fourth District.

Los Angeles County Medical Association

Nineteen fifty-three proved to be one of the most active in the 82-year history of the Los Angeles County Medical Association, which now numbers 5500 members. Many new steps were inaugurated, commencing with the adoption of a resolution stating that physician participation in closed-panel, lay-controlled, corporate-type medical plans is not in the public interest and is incompatible with the Code of Ethics of the American Medical Association. The Association also adopted amendments to the by-laws stating that membership in the Communist party or any party advocating the overthrow of the government by force or violence is incompatible with membership. Applicants for membership are now required to sign the loyalty oath prescribed for officers and employees of the Association.

In September 1953 our immediate past-president, Dr. Paul D. Foster, exploded a long smoldering community resentment against our increasing smog problem by writing an open letter to the Mayor, pointing out the health hazard provoked by the situation. Probably no action by medicine in this area has ever brought more good will for our Association. The campaign has been actively espoused by the press, radio and television. Thousands of columns of news on the subject, commendatory to the profession for taking such a forthright stand in the interests of the community, have appeared locally and throughout the country.

In cooperation with the California Medical Association we have produced a weekly television show entitled "Ask the Doctor." Public acceptance and appreciation of our effort has made this effort worthwhile.

Our Speakers' Bureau has been active, and in the spring of 1953 a series of discussions on health topics was held before classes of the adult education division of the city schools.

The Los Angeles County Medical Association has enjoyed excellent press relations throughout the past year; the amount of space devoted to medicine and Association activities was most encouraging. We count this assistance one of our most valuable public relations weapons.

Nineteen fifty-three inaugurated changes in administration policies recommended by a firm of consultants specializing in advising on efficient management procedures. These changes not only resulted in smoother and speedier operations for Association affairs, but also in a substantial reduction of operating costs.

In the closing weeks of the year the Association approved of expanding the administrative and meeting facilities of our headquarters, also provided for added library space. We hope to have the work completed in the latter part of 1954.

The past year witnessed fruition of the efforts of a committee composed of representatives of the Los Angeles Bar Association and the Los Angeles County Medical Association. The complaint has frequently been heard from the public and atorneys that it is impossible for a citizen to obtain redress from a physician for alleged damages regardless of the merits of the case, because other physicians refuse to testify. The Association has approved a list of specialists who have signified their willingness to consult with any plaintiff attorney and advise whether there is any evidence that a case has not been handled with the standard of care consistent with this area.

The Association does not believe it should operate a collection agency for many reasons, however it is generally recognized that some form of control should be exercised in this field. Our Economics Committee solved this dilemma by proposing that recognized agencies be allowed to use the seal of approval of the Association after they have agreed to abide by rules designed to protect both doctor and patient. This plan has met with good acceptance; we believe it most worthwhile.

Regular breakfast meetings are held for the officers of the fifteen branches of the Association each month, at which time they are brought up to date on developments of interest to medicine here. This has proved to be an excellent way of keeping everyone informed.

The Los Angeles County Medical Association is fortunate to have had the benefit of 62 active committees throughout the year, the work of the Council would have been most difficult without this assistance. We also wish to express our appreciation of the invaluable assistance of the C.M.A. public relations representatives, Mr. Ed Clancy and Mr. Jerry Pettis, during the year. They have indeed rendered aid to us at every step of the road.

EWING L. TURNER, *Secretary-Treasurer*

FIFTH DISTRICT

San Luis Obispo, Santa Barbara and Ventura Counties.
Robert O. Pearman, San Luis Obispo, *Councilor.*

Santa Barbara County Medical Society

The year 1953 of the Santa Barbara County Medical Society under the guidance of Dr. Walter G. Graham, president, has proven to be a satisfactory, interesting and progressive one. The average membership of this society remains approximately the same with the current membership numbering 176. Of this number 157 physicians are full active members, 4 associate, 4 postgraduate, 3 are in the military service, 4 are on sick leave, 2 are life members and the remaining 5 are on a retired status. With 4 new applicants to be voted into full membership in January the total membership at the time of this publication will be 180.

There have been 23 committees designated. They have facilitated the activities of the society most advantageously.

The scientific portion of the regular meetings of the Santa Barbara County Medical Society have been exceedingly well planned and have had a divergence of topics of importance and interest. We have found that a dinner meeting which is most easily accommodated at our University Club, has been acknowledged with a larger attendance than those meetings which had been held in the auditorium used for the County Medical Society meetings. The social hour preceding the scientific portion of the meeting facilitates a better acquaintance of the members and an opportunity for the newer members to make acquaintances in

the Society. The program committee has had an opportunity to arrange for several of the meetings of the coming year.

There have been, during the course of the year, several new projects which have been undertaken with the assistance and the backing of the Santa Barbara County Medical Society. One of the most important of these has been the establishment of a training class in the junior college for medical secretaries. The Society has through its committee had an active participation in the planning of a 64-hour review course as a part of a new vocational nurses' training program which is likewise sponsored through the junior college.

While the doctors appointed to the situation have had little opportunity to function to date, we feel that the suggestion of the California Medical Association in the appointment of two members of our Society as representatives to assist physicians who are interested in locating and establishing themselves in Santa Barbara has been a constructive move.

The County Medical Society has participated in the program of advertisement in the county newspapers. From the reaction of the public expected in such fashion to come to our attention through the office of the County Medical Society, it is our feeling that the information disclosed and projected in these advertisements has been beneficial in presenting the idealisms and interests of the County Medical Society in the problems of the public.

A postgraduate seminar in February of 1953 was devoted to calcium metabolism and was conducted by Dr. Edward C. Raffenstein. A survey of members attending has been most gratifying in the interest demonstrated in their criticisms of the program. In March of 1954 a two-day postgraduate program has been planned.

The Tri-Counties Blood Bank has during the course of the year moved into a handsome and efficiently arranged new building. The organization continues to serve most efficiently the Tri-Counties area.

The Medical Library of the Santa Barbara County Medical Society continues to maintain service five days a week from 9:00 a.m. to 4:00 p.m. and in the evenings from 6:00 p.m. to 9.00 p.m. During the last year the library had an attendance of 9,492 patrons, 431 visitors, a circulation of 2,958 books, and 2,324 periodicals; books borrowed from out-of-town libraries 649 and the library has had the good fortune of having 92 new volumes purchased during the course of the year.

The Women's Auxiliary of the Santa Barbara County Medical Society has functioned most efficiently and effectively during the past year.

We look forward to a successful year under the direction of our new president, Laurence E. Heiges, Jr.; our president-elect, J. Gary Campbell; the secretary, Arthur E. Wentz; the treasurer, Francis B. Zener. The Council members for the coming year will be Walter C. Graham, Harry E. Henderson, Richard McGovney, David L. Reeves, and newly elected to the group is Albert S. Missal.

ARTHUR E. WENTZ, *Secretary*

Ventura County Medical Society

Regular monthly meetings of the Ventura County Medical Society were held the second Tuesday of each month. At the annual meeting in December, held at the Saticoy Country Club, the following men were elected to serve in 1954: James H. Nelson, Ojai, president; R. F. Robertson, Santa Paula, president-elect; Franklin K. Helbling, Ventura, secretary, and Charles M. Hair, Saticoy, treasurer.

Dr. James M. Hunter as president of the Society during 1953 was instrumental in guiding the organization to one of its most successful years.

The Public Relations Committee, headed by Dr. Noble Powell, Jr., continued its excellent work featured by the installation of the emergency call plan, formation of a speaker's bureau, the annual press-radio dinner, and revision of the information brochure.

Under the chairmanship of Dr. James W. Moore the Constitution Committee submitted a revision of the Constitution and By-Laws, which was accepted by the Society.

Dr. Joseph F. Maguire as chairman of the Fee Schedule Committee has worked tirelessly in an effort to formulate a countywide average or usual fee schedule.

Our Program Chairman, Dr. Harry R. Henderson, succeeded in providing interesting and educational scientific programs.

The most noteworthy and pleasurable occurrence of the year, however, was the election of our Arlo A. Morrison as President-elect of the C.M.A. We, as a Society, feel highly honored and gratified in his election, and are confident that Morrie will represent organized medicine in California and the C.M.A. in the highly efficient manner in which he has always conducted himself.

FRANKLIN K. HELBLING, *Secretary*

SIXTH DISTRICT

Calaveras, Fresno, Kern, Kings, Madera, Mariposa, Merced, San Joaquin, Stanislaus, Tulare and Tuolumne Counties.

Neil J. Dau, Fresno, *Councilor.*

Fresno County Medical Society

During the past year the Fresno County Medical Society has followed a course directed to the best doctor-community relations. A very brief resume of what has been done follows.

A Code of Cooperation, developed by representatives of the press, radio, TV, hospitals and the medical profession of Fresno County was officially adopted. It is felt that the adoption of this code will prove one of the most effective media for establishing mutual understanding among the three professions. The second annual press-radio dinner was held in June, and attendance was even greater than that of last year's affair. These get-togethers are strictly informal and provide an excellent opportunity for everyone to air his gripes and present his side of controversial issues.

Our Professional Relations Committee continues to serve as a judicial body in indicating to the profession and the public various standards of medical practices and procedures in the community. The committee's existence and purpose was again brought to the attention of the public by means of a public service announcement which appeared in all county newspapers.

A special malpractice study committee was appointed to reevaluate the Society's Group Malpractice Program. Points to be determined by this committee were: the initial causes of malpractice suits; does the FCMS have an adequate malpractice program; is legal counsel satisfactory; does our public relations program meet the needs of the profession in this county. The committee rendered a detailed report, including recommendations to the Board of Governors, and it is felt that these recommendations which were approved and adopted will enhance considerably the Society's malpractice prevention program.

One of the best demonstrations of service to the public during the year was the innovation of a new television series. This program reaches the public through three media: the newspaper and radio simulcast with TV. Fresno is the only spot in the state where this is being done, and a maximum number of people are reached by this combination.

The Society's office has continued to serve the public in securing doctors in emergencies, arranging for referral of patients to doctors, disseminating data concerning health insurance, medical schools, hospitals, medical society policy, public health matters, etc.

Late in the year the membership was surveyed to determine those who would be willing to serve on the Speakers' Bureau of the Society. To date, the response has been overwhelming, and as soon as all replies have been correlated, a letter and brochure will be distributed to all local organizations, associations, service clubs, etc., explaining the purpose of the Speakers' Bureau and listing the subjects available for discussion.

Other projects included the beginning of a training course for medical personnel in cooperation with the Fresno Adult Education Department; the careful handling of scarce gamma globulin; the integration and coordination of the Society's Civil Defense Committee with the disaster unit of the American Red Cross and the health and medical section of the Fresno City operational area; active participation in the operation of the West Side Clinics for the indigent population of the West side.

Monthly membership meetings have been good and attendance has maintained a favorable average. Six meetings were devoted to scientific programs, three to business and one our annual ladies' night social affair.

An optional supplement of $200 per month at a prorated premium comparable to our current rate schedule was made available to the membership by the underwriters of our group health and accident program.

Total membership at the present time is 271, of which 232 are active members. There are 18 applications for active membership and four for associate membership which are being processed. This makes a total of 41 new practicing physicians in Fresno County for the year 1953. Six members entered military service and five returned. This brings to a total of nine those now on active military duty.

J. COOPER COLLINS, *Secretary*

Kern County Medical Society

The year 1953 was indeed an eventful year for the members of the Kern County Medical Society. Under the capable guidance of J. E. Vaughan, M.D., the Society accomplishments were many. Many projects started during 1953 will be continuous and will ultimately contribute greatly to the health and welfare of the county.

Rated as the number one project for the Society for the year was the fund-raising campaign, to provide the local matching funds necessary to obtain Hill-Burton Act funds. The motivating force behind every member was the burning desire and solemn duty of each doctor to provide the best medical care possible for the citizens of their community. The task before them was clear. They see a straight course to accomplish the only real and permanent solution to this very serious problem.

During the earthquakes of 1952, the hospital facilities of Kern County were reduced to a dangerously low level. Having obtained the tentative assurance of Hill-Burton funds, based on need, the doctors rolled up their sleeves and dug in. The results were amazing. In only six short weeks, and without the aid of professional fund raisers, over $1,900,000 was pledged to a goal of $2,800,000. This sizable amount of cash and pledges was raised at a cost of less than $3,000, which included all printing and miscellaneous expenses. All advertising, radio time and publicity was donated.

At the present time, working drawings are being made for a new 106-bed Greater Bakersfield Memorial Hospital and the reconstruction of quake-damaged Mercy Hospital. Both hospitals will be ready to serve the community early in 1956.

In cooperation with the Public Relations Department of the California Medical Association, announcements were run in all newspapers in Kern County announcing the function of the Public Service Committee and the availability of a doctor for any emergency.

During the year, negotiations were completed between the Houchin Community Blood Bank and the County of Kern, designating the Houchin Community Blood Bank as the sole agency for the procurement of all blood for use at the Kern General Hospital. This has effected a saving for the taxpayers of Kern County and has fully established the Houchin Community Blood Bank as a truly community project.

For the fourth year the Society has participated in the Hall of Health, a health display at the Kern County Fair. The participating agencies were: Council for Community Planning, California State Nurses Association, Kern County Branch Chapter American Cancer Society, Kern County Branch Chapter Multiple Sclerosis Society, Kern County Department of Public Health, Kern County Heart Association, Kern County Pharmaceutical Association, Kern County Dental Society, and Kern County Tuberculosis and Health Association, Inc. By the distribution of dial ad caps to be placed on telephones, the Society has further promoted emergency medical care. Other emergency numbers were also listed. Also, members of the Medical Society donated 120 hours of service to provide the Fair Association with an attending physician.

The Kern County Medical Society is happy to announce that starting January, 1954, it will print a monthly bulletin, containing 28 pages. We are looking forward to a successful year in the new endeavor.

The Society holds regular monthly meetings the third Tuesday of each month. At these meetings the doctors are given an opportunity to hear outstanding speakers, not only in the field of medicine, but on any issue which directly or indirectly affects the health and/or welfare of the community.

R. W. BURNETT, *Secretary-Treasurer*

Kings County Medical Society

The annual meeting of the Kings County Medical Society was held November 12, 1953, at the Cotton Club, Corcoran, California.

As is usual at this annual meeting, the officers of the California Medical Association were present.

The speaker of the evening was Dr. John Green, President of the California Medical Association, who was introduced to those present by Henry Randel, M.D., former vice-speaker of the House of Delegates. Dr. Randel appeared in the absence of Neil Dau, M.D., Councilor for this District. Accompanying these officers was Mr. Jerry Pettis of the Public Relations Department of California Medical Association.

The Society meets the second Thursday of each month for a dinner meeting followed by a short business session and a scientific program.

WILLARD S. BRIDWELL, *Secretary*

Madera County Medical Society

The Madera County Medical Society has completed a most successful year, outstanding for its excellent scientific programs.

Our members have participated as an advisory body to the Madera County Hospital. Under the aegis of our President K. W. Butler, we have forged ahead in this our second year as a society.

The newly elected officers for 1954 are Omar U. Need, president; Gilbert G. Daggett, vice-president; and Gordon C. Hall, secretary-treasurer.

HERBERT WEINBERGER, *Secretary-Treasurer*

Merced County Medical Society

The preconvention report of the Merced County Medical Society, District 6, is submitted herewith.

Eight new members joined the Society in 1953. They are Robert C. Harner, Richard P. Holm, Norman Nichols, Kalfus W. Patterson, George W. Porter, Robert L. Ruble, Norman Switzer, and Addison R. Udall. Two members were lost by transfer. They are Norman Switzer and William Wheaton. Our present membership totals 46 of which 44 are active, one is on military leave of absence, and one is a life member.

Officers for 1954 are William Fountain president; Harry Maytum, president-elect, and vice-president; John East, secretary-treasurer; delegates to the C.M.A. Shelby Hicks and G. B. Pimentel; alternates E. A. Jackson and Hugh Haas; board of governors E. A. Jackson, Roy T. Peck, C. C. FitzGibbon, Earl Koepke, Max Brannan, and J. J. Wolohan.

Regular meetings are held at the Mercy Hospital, Merced, every fourth Thursday at 7:15 p.m.

JOHN EAST, *Secretary-Treasurer*

San Joaquin County Medical Society

This past year has been one marked by consolidation and achievement under the able leadership of Dr. Emile J. Gough, who has served as president of the San Joaquin County Medical Society.

A Bureau of Medical Economics has been established and went into operation on January 27, 1953. This organization was set up as a non-profit corporation under the direction of the Society. Mr. Bud Engdahl, a licensed collector, was associated with the organization. The offices are in association with the County Medical Society Office. As it nears the end of its first year of operation, it is evident that the Bureau will be successful. The members of the Society have been cooperative in submitting accounts

for collection and the Bureau in turn has done an excellent job of collecting. It is felt that the Bureau has been a great deal more successful in retaining patient good-will than the usual commercial collection facilities.

A great deal of study has been devoted during the past year to the problem of improved medical care in the community. It has been the aim of the Society to initiate a program that will assure medical care for everyone regardless of ability to pay. Representatives of our Medical Services Committee of which Dr. Donald C. Harrington is chairman have considered plans now in operation all over the country. Representatives from the society have also met with society representatives from the nine Bay Area Counties for a study of this problem. This Society has been particularly anxious to work out a solution for the medical care of the various groups covered by prepaid medical care plans. It is the aim of our membership to provide medical care without additional charge in the case of those groups in which it can be shown that the terms of their contract represent their full ability to pay. Up to the present time, a definite policy in this respect has not been established. However, a non-profit Foundation for Medical Care is now in the process of incorporation. It is hoped that this foundation will be able to develop a program that will prove beneficial both to the insured groups and to our membership.

The Postgraduate Study Group under the direction of Dr. L. P. Armanino presented its annual course of eight lectures. Dr. James Powell served as editor of the *Bulletin* which is now in its second successful year of operation. At the regular Society meetings held during the year there were five scientific meetings and five meetings of general interest.

Dr. Frederick William Fergusson of Lodi died on Saturday, September 5, 1953. Dr. Wilfred Conklin Curphey of Stockton died on November 21, 1953.

During 1953 the Society had a net gain of two members.

FRANK A. MCGUIRE, *Secretary*

Tulare County Medical Society

The Tulare County Medical Society has completed another successful year under the able leadership of President R. D. Karstaedt, M.D., of Porterville.

Thirteen new members joined the society during 1953 bringing the total membership to 95 active and three retired. Dr. A. C. Twinem of Visalia entered military service during this year and Dr. Raymond Manchester was granted a leave of absence for postgraduate work. The death of Dr. S. S. Ginsburg in May of this year marked a loss to the medical society and to the community of one of its esteemed and oldest members.

The Society was fortunate in having some very outstanding programs during the year. Dr. J. J. McNearney served as program chairman. The officers of the California Medical Association were guests of the society at the regular January meeting when Dr. Lewis A. Alesen, president of the C.M.A., spoke on the threat of compulsory health insurance and socialized medicine. Dr. William Adams of Fresno and Dr. Gordon Garnett of Los Angeles gave an excellent program on coronary heart disease at the March meeting. Dr. Clifford Sweet of Oakland honored the Society with a fine discussion of "Pediatric Problems" at the April meeting.

The Tulare County Bar Association and the Tulare County Medical Society held their joint meeting again this year in May at the Hotel Johnson in Visalia. The dinner was provided by the Medical Society, and the lawyers provided the guest speaker. Mr. Raoul Magana of Los Angeles gave a most instructive and entertaining talk on "Jury Trials in Medico-Legal Cases."

Dr. Orville Grimes, Dr. L. D. Howard, Jr., and Dr. Peter Forsham, of San Francisco, Dr. C. B. Courville of Los Angeles, and Dr. George Lavers of Tulare, one of our society's members, provided very excellent programs during the year.

The third annual postgraduate meeting of the Tulare County Medical Society was held at the Hotel Johnson, Visalia, on Sunday, April 19, 1953. An outstanding program was presented by speakers from the faculty of Stanford University School of Medicine. The meeting was well attended and was again self-supporting from the individual tuition fee of five dollars. Dr. George Amromin of Tulare and Dr. Victor Badertscher of Dinuba arranged the meeting.

Under the direction of the Public Relations Department of the C.M.A., this Society sponsored the radio programs "Help Yourself to Health" over station KTIB, "Doctors Make History," over KCOK, and "Interlude" over KONG.

Not having a publication of our own, we have been allotted space in the Fresno County Medical *Bulletin* for Tulare County medical news. Dr. Patricia Tudbury has very ably edited our section with the assistance of Dr. George Amromin. The space has been devoted to general county medical news, hospital staff news, and to a scientific section to which several of our members have contributed original papers and clinico-pathological conference reports.

Officers elected at the December meeting for the year 1954 are: Dr. Vincent M. Dungan, president; Dr. Gordon Jackson, vice-president; Dr. J. J. McNearney, secretary. Dr. J. E. Feldmayer was elected to the Board of Censors to replace Dr. W. B. Parkinson whose term expired this year.

Delegates to the C.M.A. House of Delegates are Dr. J. E. Feldmayer and Dr. Vincent M. Dungan. Alternates are Dr. C. H. Johnson and Dr. Gordon Jackson.

VINCENT M. DUNGAN, *Secretary-Treasurer*

SEVENTH DISTRICT

Monterey, San Benito, San Mateo, Santa Clara and Santa Cruz Counties.

Hartzell H. Ray, San Mateo, *Councilor.*

Monterey County Medical Society

The Monterey County Medical Society has grown to a membership of 127 active members in the past year, now entitling them to three delegates.

The meetings for the year were well attended and the scientific programs of the year were very informative and well received.

The Board of Directors met monthly throughout the year. Besides the routine society business, conferences with C.M.A. Public Relations representatives, C.P.S. representatives and malpractice insurance company representatives and health and accident company representatives were held.

The Society cooperated with the C.M.A. Public Relations department, using advertisements in the local newspapers as prepared by this department. Efforts are now being made to sponsor TV programs on our local TV station.

The new officers for 1954 are: President, A. C. Mitchell; president-elect, Chester G. Moore; secretary, Clyn Smith, Jr.; treasurer, A. F. Kandlbinder.

Delegates: James A. McPharlin, T. D. Englehorn, and Howard E. Clark. Alternates: A. C. Mitchell, R. L. Hane, and Richard Handley.

We feel the coming year will be equally successful.

H. F. HUSSER, *Secretary*

San Mateo County Medical Society

During 1953 the San Mateo County Medical Society continued its rapid growth as evidenced over the last five years. There are now 367 members in one category or another in the Society. This can be compared with a membership total in 1949 of 177. Still of current interest is the subject of Voluntary Health Insurance, particularly in reference to labor union negotiations. This promises to be a key subject for debate in 1954.

During the year the Society's newly created polio committee evaluated the situation concerning this dread disease, and as part of their work, brought in the polio team from the Los Angeles General Hospital to a public meeting. All other meetings dealt with modern economics and business subjects, which course will be continued as a service to the members.

For 1954 Dr. Bradley C. Brownson was elected president; Dr. James S. Edwards, president-elect, and Dr. Norman C. Fox, secretary-treasurer.

It is contemplated that continued growth in the active members roll during 1954 will entitle the Society to its seventh delegate and alternate delegate to the C.M.A.

JACKSON FLANDERS, *Secretary-Treasurer*

Santa Cruz County Medical Society

Under the able leadership of President P. E. Karleen of Soquel, six bimonthly meetings were held during the year. The January meeting was devoted to the annual visitation of C.M.A. officials. President-elect Green and others addressed the members. In March we heard a report on the treatment of thyroid disease with radioactive iodine given by Dr. Dan Gorman of San Francisco. Dr. E. Alberton presented a paper on "Cardiac Emergencies" at the May meeting. In July Dr. Albert Daniels, C.M.A. secretary, addressed the Society on the general subject of "Cancer Detection." In September the subject of "Diabetes Mellitus" was ably presented by Doctor Reiss of San Francisco. Dr. James Whitelaw addressed the November meeting on the subject "Use and Abuse of Female Hormones." At this meeting the annual business meeting was held and Dr. D. S. Sedgwick of Capitola was elected to serve as president during 1954.

SAMUEL B. RANDALL, *Secretary*

San Benito County Medical Society

The San Benito County Medical Society held its election of officers at its December 17, 1953, monthly dinner meeting at the Villa Pace Hotel, Hollister. E. C. Sheldon, M.D., was elected president, Kent S. Taylor, M.D., president-elect, and Peter Jones, M.D., secretary. The new officers for 1954 will be installed January 21, 1954, at a dinner meeting to be held at the Holland Hotel with doctors' wives as guests, and with the following C.M.A. officials as honored guests for the evening: Doctors A. A. Morrison, John Hunton and Glenn Gillette.

An informal gathering will be held at Doctor Sheldon's newly completed residence just prior to the dinner meeting with wives, officials, and doctors in attendance.

GURDON L. BRADT, *Secretary*

EIGHTH DISTRICT

San Francisco County.

Sidney J. Shipman, San Francisco, *Councilor.*

San Francisco Medical Society

During the year 1953, Society action with regard to prepaid health insurance continued along the lines described in the 1952 annual report. An average fee schedule was prepared and approved as a guide to fair fees for physicians. Meetings were held with various groups to discuss insurance programs.

Our Blood Bank remained active in the first part of the year in the armed forces blood program, but with the cessation of hostilities concentrated on its civilian program. At the close of the year, interest centered on the campaign to raise funds for equipping the bank when the Society moves to new quarters.

The year saw final formulation of plans for the new headquarters and blood bank building. At the end of December, we were waiting for the architect's final plans to let them out for bids.

Attendance at scientific meetings was again poor. It is to be hoped that the recent reduction in number of hospital staff meetings will free members to attend Society meetings as our programs have been excellent.

Our delegation to the C.M.A. was active prior to both the regular and interim sessions and took an important part in state affairs. It has been suggested that the delegation meet regularly throughout the year to keep abreast of current events.

HERBERT C. MOFFITT, JR., *Secretary-Treasurer*

NINTH DISTRICT

Alameda and Contra Costa Counties.

Donald D. Lum, Alameda, *Councilor.*

Alameda-Contra Costa Medical Association

There were 1,453 members of the Alameda-Contra Costa Medical Association at the close of 1953.

The new A.C.C.M.A. blood bank and headquarters building was completed, and an open house given for all of the members of the Association and their wives, November 8.

The postgraduate course offered by the Committee for Graduate Medical Education of the A.C.C.M.A. and the Institute for Metabolic Research at Highland-Alameda County Hospital, was so successful that it was determined to make it an annual event, the second course being planned for February 8-13.

As a result of an overwhelming affirmative vote on a resolution of the council of the A.C.C.M.A. to undertake a "Statistical Study of Fees," a schedule of procedures was sent to the membership, and is now in the process of being tabulated. This "Statistical Study of Fees" is to be made available to insurance plans for their guidance in setting the level of indemnities and to individuals and groups holding or contemplating the purchase of insurance for the purpose of testing the level of indemnities provided by the insuror. The East Contra Costa Branch of the Association voted to go ahead immediately on their own study of fees. This study has already been tabulated, and the resulting list of median and average fees has been enthusiastically received by both union groups and insurance carriers.

BERNARD B. GADWOOD, *Secretary*

TENTH DISTRICT

Del Norte, Humboldt, Lake, Marin, Mendocino, Napa, Solano, and Sonoma Counties.

Warren L. Bostick, Mill Valley, *Councilor.*

Napa County Medical Society

The Napa County Medical Society held meetings each month during 1953 except in November when two meetings were held.

The Society was fortunate in securing the following guest speakers: Dr. Maurice Sokolow, Dr. Ephraim Engleman, Dr. David Wood, Dr. Franklyn Hill, Dr. L. Henry Garland, Dr. Glenn Hill, Dr. Frances Torrey, Dr. Theo Miller, Dr. John McGrath, Dr. Edmund Overstreet, Dr. Arlo A. Morrison, Dr. Warren Bostick, Mr. Ben Read, Mr. Ed Clancy, Dr. Salvatore Lucia and Dr. Charles A. Sweet.

The June meeting was a four-county meeting in which Solano County was host. An excellent afternoon of golfing preceded the evening meeting. The occasion was much enjoyed by all.

The September meeting was held at Travis Air Base with Col. W. DeWitt acting as host to the Society. The members of the Society were permitted to inspect one of the B-36 bombers.

At the November 11 meeting, the wives were invited and our state president-elect, Dr. Arlo A. Morrison, our Councilor, Dr. Warren Bostick, Mr. Ed Clancy of the Public Relations Department, and Mr. Ben Read of the Public Health League of C.M.A. gave us interesting and useful information on medical trends of today.

Dr. Theo K. Miller, superintendent of Napa State Hospital was host at the March meeting when the Society was entertained at the Napa State Hospital.

Dr. Harold James, our vice-president, was host to the Society when the Society was entertained by St. Helena Sanitarium and Hospital at our May meeting.

Dr. Floyd Hohnstein and Acting Commandant Col. Stanley Dunmire were hosts at the November 18 meeting when the Society was entertained by the Veterans' Home of California at Yountville. At this time the following officers were elected for 1954: President, Dr. Harold James; vice-president, Dr. Herbert Messinger; secretary, Dr. Merle Godfrey. Delegates to the C.M.A. were Fred Heegler and his alternate, Dale E. Barber, and Walter Brignoli and his alternate Donald B. Marchus. Our Society keenly regrets the untimely passing of Col. Nelson Holderman, commandant of the Veterans' Home.

The Napa County Medical Society is very fortunate in enjoying the friendly hospitality of these fine institutions.

In an effort to bring our medical men in closer relationship with other professions, a joint meeting was held with the Napa County Dental Society at the time of the Christmas meeting in December. The two societies enjoyed an excellent address by Dr. Charles A. Sweet, Sr., of Oakland.

We feel that we have enjoyed a good year and have been fortunate in securing such outstanding men to come and lecture to us.

Eight new members were added to our Society during the year.

MERLE F. GODFREY, *Secretary*

Solano County Medical Society

Dr. M. B. Smith, president, led the Solano County Medical Society through a very active year in 1953. These activities were highlighted by many excellent scientific programs arranged by the program chairman, Dr. Felix Rossi. The scientific presentations were outstanding in quality.

Notable were the activities of Dr. Melvin Schmutz and his committee in the field of health insurance for labor groups. Dr. Schmutz and his committee held several meetings with local union leaders as well as management personnel. Particular credit is due to Dr. Schmutz and his committee for the progress made in this important endeavor.

The Community Blood Bank in Vallejo was aided by the establishment of a telephone appointment system which is sponsored and financed by the society. Members have cooperated in participating with the Irwin Memorial Blood Bank in many drawings in several communities in the county.

Solano County was host at the Four County Meeting held jointly with the Marin, Sonoma and Napa County Societies at the Green Valley Country Club. A meeting was also held at Travis Air Force Base and a joint meeting with the Solano County Bar Association. Both of these sessions were most enjoyable.

Further progress was made in the field of public relations under the direction of Dr. Harry Lammel, chairman of the Public Relations Committee with the assistance of the Public Relations Department of the California Medical Association. Among other things in this regard the Society has now approved an official telephone exchange.

H. L. JOSEPH, *Secretary-Treasurer*

Sonoma County Medical Society

The Sonoma County Medical Society, in 1953, continued its active program under the able leadership of Dr. Carl E. Anderson. The activities were funneled through the central office in charge of the Executive Secretary, F. L. Manker, attorney, and the Society's legal advisor.

New members in 1953 learned early the value of their membership, as all applicants were given an indoctrination briefing which points out the services offered by the Society to them as well as what the Society expects from them as ethical physicians. Part of the Society benefits include group liability insurance with the American Mutual Liability Insurance Company and group sickness and accident insurance with the National Casualty Company, in addition to the new state-sponsored accident and sickness insurance.

On the public relations front, the Society continued to offer round-the-clock doctor service through its emergency panel; telephone emergency listings were placed in the telephone directory; radio programs were presented; the Society worked in cooperation with allied public services such as the American Heart, Tuberculosis, Cancer and Crippled Children associations; space was used in newspapers to advertise the medical doctor.

Fourteen new members were added in 1953, bringing the active membership to 136 at the end of the year.

Intrasociety relations were aided by the continued publication of our monthly *Bulletin* and by fine scientific programs. Speakers included Robert Bishop, A. Frank Brewer, Daniel McCaskill, John Adams, Horace McCorkle, Earl Miller, David Wood, Ralph Benson, Henry Garland, Victor Richards, John Gofman, Al Nicholini, A. A. Morrison and Warren Bostick.

A two-day North Coast Counties Institute, sponsored by the California Medical Association's Committee on Postgraduate Activities, was held in February. Joint meetings were held with the Woman's Auxiliary in January, in October, and at the annual barbecue at the home of William Makaroff in August.

In November, the annual visit of the officers of the California Medical Association was held and the speeches of Drs. A. A. Morrison, Warren Bostick and Mr. Ed Clancy will long be remembered.

FRANK E. LONES, *Secretary-Treasurer*

ELEVENTH DISTRICT

Alpine, Amador, Butte, Colusa, Eldorado, Glenn, Lassen, Modoc, Nevada, Placer, Plumas, Sacramento, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Yolo, and Yuba Counties.

Ralph C. Teall, Sacramento, *Councilor.*

Butte-Glenn County Medical Society

The Butte-Glenn Medical Society spent 1953 very actively. The Public Service Committee was especially busy under the direction of Dr. Philip Morgans. Both the complainants and the lawyers are beginning to use the services of this vital committee. Public Relations problems such as using consultation in difficult cases were not settled this year but efforts were put forth to clarify Public Relations to all members in addition to the use of C.M.A. and A.M.A. reports.

Dr. Donald Casey was an excellent president for 1953 and Dr. Thomas Elmendorf active as vice-president. The Board of Directors of this Society is alert and resolute.

Dr. Hollis Carey, C.M.A. district councilor, was busy at C.M.A. level and brought much useful data to the society which the society would not necessarily otherwise obtain and which has alerted it to larger aspects of medicine, especially economic ones.

The two-county area has 72 members including a further influx above that of last year.

Dr. Thomas Elmendorf was elected president for 1954; Dr. Frank O'Neill, vice-president; Dr. J. O. Chiapella, honorary secretary, and Dr. K. J. Chiapella, secretary.

The Society regrets the death of Dr. Earl Eames of Stirling City.

K. J. CHIAPELLA, *Secretary*

Placer-Nevada-Sierra County Medical Society

The Placer-Nevada-Sierra Medical Society held regular monthly meetings on the second Wednesday of each month except for June, July and August, 1953. One meeting (May) consisted of a medical cancer symposium sponsored by the California Medical Association Cancer Commission and the California Division of American Cancer Society.

The October meeting was a joint dinner meeting with the Woman's Auxiliary.

Officers elected for 1954 in November are as follows: John R. Topic, M.D., president; D. M. Kindopp, M.D., vice-president; T. J. Rossitto, M.D., secretary-treasurer.

Delegates to C.M.A.: William Miller, M.D., and Harry March, M.D.; alternate delegates to C.M.A.: Saul Ruby, M.D., and Max Dunievitz, M.D.

Our medical society has been cooperating with the C.M.A. Public Relations Department in sponsoring the public service announcement in all newspapers of Placer, Nevada, and Sierra counties.

T. J. ROSSITTO, *Secretary-Treasurer*

Sacramento Society for Medical Improvement

Organized in 1868, our Society is the oldest medical society in the state of California and has enjoyed steady growth since its inception. The society now has 297 active members. Society meetings are held on the third Tuesday of every month and an annual Founder's Day banquet is held on March 17, the anniversary of the founding of the Society.

An annual business meeting is held in December, at which time the Board of Directors, California Medical Association delegates and alternates, and the secretary-treasurer are elected. The president and the vice-president

are then elected from among the Board of Directors at their January meeting.

The society is continuing the program launched in 1950, guaranteeing to every resident of the community, good medical care, 24 hours a day, regardless of abil.ty to pay.

In order to accomplish this, the society operates a 24-hour medical telephone exchange, which has had to be expanded twice since its inauguration and now handles about 42,000 calls per month.

One of our outstanding committees is the Professional Conduct and Ethics Committee, which attempts to adjudicate differences between a patient and his physician and between physicians, should such instance arise. The society has a Membership Indoctrination Committee, which instructs new members in what they can expect from the society and what the society expects of them.

During the past year, a Press and Radio Committee has been formed whose purposes are: (a) to facilitate the dissemination of medical news; (b) to insure, as far as possible, that the news so disseminated will serve a useful purpose; (c) to increase the understanding between medicine and the news services of the problems peculiar to both professions; and (d) to avoid releases which tend to cause hysteria or furnish false hopes.

The society also operates the Sacramento Medical Foundation, one of eleven medically sponsored blood banks in California, which provides the blood requirements for most of Northern California.

During 1953, The Paul H. Guttman Library of the Sacramento Society for Medical Improvement was founded in the offices of the Society and promises to become one of the most complete medical libraries in Northern California.

FRANK G. SCHIRO, *Secretary*

Shasta County Medical Society

The Shasta County Medical Society now has 32 active members, there having been five new admissions. Several scientific and social meetings were held, including a meeting addressed by Dr. Malcolm H. Merrill, at which the Shasta County Bar Association and Dental Society were our guests.

The membership has made a unanimous contribution to the American Medical Education Foundation, and a loan fund for needy medical students from our area has been established.

Officers for 1954 are H. Harper Thorpe, president; Rex N. Card, vice-president; and Roy W. Thomas, secretary-treasurer.

Regular meetings of the Society are held on the first Monday of each month.

HENRY R. EAGLE, *Secretary-Treasurer*

Yolo County Medical Society

The Yolo County Medical Society held regular monthly meetings during the year 1953 except in July and August. At each meeting a paper was presented and a discussion was held by outstanding medical and surgical specialists from the San Francisco area on a variety of subjects of interest to all.

The Society was active in support of a countywide tuberculosis and diabetes survey conducted in the spring. The Society also lent its support individually and collectively to the local chapter of the American Cancer Committee during its annual drive.

Dr. Bernard Kordan of Sacramento and Dr. Joseph Cook of Dixon resigned from the Society during the year.

New members admitted during the year were: Dr. Benjamin Robinson of Woodland and Dr. John Jones of Davis.

New officers for the year 1954 were elected at the December, 1953, meeting: Dr. John Saltsman of Vacaville, president; Dr. Richard Cundiff of Woodland, vice-president; Dr. William Robinson of Woodland, scretary-treasurer; Dr. James Kimbell of Vacaville, and Dr. Edwin Copeland of Woodland, delegates to the C.M.A. convention.

WILLIAM T. ROBINSON, *Secretary*